

# Highland Health

## Executive Summary

The Highland Health Center (HHC) will provide low-income, uninsured, underinsured, and underserved residents of Highland and nearby communities, in Gaston County, NC, with high-quality family-centered primary medical care and health services. HHC will integrate public health, primary medical care, and urgent care services to deliver a full-range of clinical and ancillary health services through 7,500 annual visits to individuals of all ages. The 10,000 square foot facility will be designed in 2008-2009, constructed in 2009-2010, and will feature nine examination rooms. HHC will use a sliding-fee scale for clients to receive care, regardless of their ability to pay.

The primary population is 5,215 low-income residents of the Highland Community and the secondary population is 52,408 low-income residents of contiguous and nearby areas.

HHC will be based in the Highland Community, in the City of Gastonia. This community is greatly underserved as it has no clinical practices, is geographically isolated from community health resources by the lack of convenient public transportation, and an estimated 26.7% of its 5,708 residents are uninsured (BRFSS, 2006). Extrapolated health data also points to significant health status deficits across the lifespan ... teen pregnancy: 74.2 vs. 61.7 for NC; low birthweight babies: 11.9 vs. 9.0 for NC; infant mortality: 12.5, vs. 8.5 for NC; gonorrhea: 517.3 vs. 194.1 for Gaston County; diabetes: 45.6 vs. 27.6 for NC; and, coronary heart disease: 248.9 vs. 226.8 for NC (NC State Center for Health Statistics).

HHC is a joint program of the Gaston County Health Department (GCHD) and Gaston Family Health Services, Inc. (GFHS), which serve low-income Gaston County residents. In 2007, GCHD, a branch of Gaston County Government, provided more than 21,780 clients with 60,000 client encounters in its maternity, family planning, immunization, sexually transmitted disease, and pediatric clinics. GFHS, the county's sole Federally Qualified Community Health Center, operates three primary medical and two dental clinics and annually serves 20,000 low-income clients through 70,000 client encounters.

Together, GCHD and GFHS will provide a full-range of primary care services at HHC. GCHD will manage HHC and will contract with GFHS for physician services, a Medication Assistance Coordinator, and starting in Year 3, a Licensed Clinical Social Worker. This arrangement will generate maximum reimbursements to achieve financial self sufficiency: GCHD will secure the majority of its reimbursements from the NC Medicaid program, while GFHS will receive cost-based reimbursements from the Federal Bureau of Primary Care.

GCHD will build, upfit, and outfit the HHC with \$5,000,000 in Medicaid Cost Settlement funds it has earned through the state public health system. The facility is slated to be built on property in the center of the Highland Community that is owned by Gaston County Government. Pending their approval of this business plan, the Gaston County Board of Commissioners has pledged to give this property, at no charge, to GCHD for the HHC.

The Highland Health Center is scheduled to open for business on July 1, 2010.

## **Definition of Plan**

### **Product/Service Description**

GCHD will develop the Highland Health Center (HHC) in the Highland Community, one of Gaston County's most medically underserved areas.

HHC will employ a model that integrates public health, primary medical care, and urgent care services. In its first year of operations, HHC will serve 2,500 clients, delivering 7,500 client encounters with a staff of a 0.5 physician and 1.0 nurse practitioner (average client visits: physicians, 23/day; mid-level providers: 18/day). The Center will provide a full array of primary and preventive care services, including: family medicine care for acute and chronic conditions, diagnostic laboratory services, well-child services, immunizations, radiological diagnostics, obstetrics, low-risk gynecology, cancer screening, voluntary family planning, disease screenings for adults and children, stabilization for clients needing emergency services, pre-filled medications, a medication assistance program, specialty referrals, case management for clients with chronic conditions, interpreter services, and bilingual staff.

The staff will also employ evidence-based protocols to educate clients on: diabetes; smoking cessation; cancer screening; well child care; immunizations; and fitness and nutrition. When indicated, staff will refer clients to community agencies for free and low-cost health education. HHC will also arrange for these agencies to conduct programs at the HHC.

Pending the approval of this business plan by the Gaston County Board of Commissioners, Gaston County Government will assign land to GCHD, in the center of Highland, for the HHC. GCHD will provide \$5,000,000 in Medicaid Cost Settlement funds to construct, up-fit, and outfit the facility (Exhibit 1, Appendix). Specifically, the 10,000 square foot facility will have: (1) nine examination rooms, (2) a full complement of diagnostic equipment; (3) a business area with private offices and check-in/check-out offices; (4) an electronic medical records system; and, (5) flexible space for classes and community meetings. Operations will begin July 1, 2010.

The key to the HHC is the partnership between GCHD and GFHS. GCHD is a public health department that provides pediatric, obstetric, gynecology, family planning, immunization, and sexually transmitted disease services. GFHS is a federally qualified health center that operates three primary medical clinics and two dental clinics for low-income and medically underserved populations. Both organizations serve similar populations and are known for clinical efficacy and efficiency, creative programming, and strong management. By combining services and administrative acumen, the HHC will provide high-quality and affordable comprehensive family medicine care to the underserved Highland Community.

### **Implementation Plan**

Using a family medicine model, HHC will hire family medicine physicians, and family nurse practitioners. It will have bilingual front office and clinical support staff, as well as a Medication Assistance Coordinator to help clients secure free medications from pharmaceutical companies. At full capacity – not including complimentary and ancillary services – HHC will annually care for 4,634 clients through 13,900 encounters.

The HHC will operate Monday through Thursday from 10AM to 8PM and on Saturdays from 9AM to 1PM. When closed, clients will have access to an after-hours triage nurse who will assess clients' medical problems, suggest home treatment modalities, and advise them to make appointments at HHC or go to the local Emergency Department.

While GCHD will manage the HHC and will contract with GFHS for clinical providers, the two organizations will jointly manage the Center through the HHC Management Team. This group will: customize policies and procedures for the HHC while adhering to the general policies and procedures of Gaston County Government and GCHD; oversee clinical and business operations; and assure the community receives high quality services consistent with their needs.

The pediatric population will receive: (1) scheduled and inter-periodic well-child exams, developmental screening assessments, and age-appropriate vaccinations; (2) sick-child care and, as needed, admission to Gaston Memorial Hospital; (3) referrals to the GFHS Dental Clinic and Pediatric Dentistry Clinics; (4) adolescents will receive family planning information, education, and contraceptives, (5) diagnoses and treatments for sexually transmitted diseases; and, (6) pregnant teens will receive prenatal and maternity services.

Adults and seniors will receive: (1) routine examinations; (2) health risk assessments, screenings, and education, including Prostate-Specific Antigen (PSA) tests, mammograms, colonoscopies, Pap smears, and instruction on breast self-examinations; (3) sick care, including admission to Gaston Memorial Hospital; (4) diagnoses and treatments for sexually transmitted diseases; and, (5) chronic disease management and patient education for such conditions as heart disease, diabetes, hypertension, and obesity – which are among the leading causes of death in the predominantly African-American Highland Community. Women will also receive full prenatal and maternity services.

The HHC will also use established GFHS relationships to refer clients to medical specialists and Pathways, the County's public behavioral health entity.

The HHC will establish a Highland Community Advisory Council, composed of area residents that will meet quarterly to provide feedback on HHC services, operations, and community needs. It will also work to hire support staff from Highland, recruit community volunteers, and encourage local groups to use the HHC for meetings. Through these activities the HHC will build its accountability to the Highland Community, correct program deficiencies, and respond to changes in the community. The group will also help conduct marketing activities to introduce the HHC to the community (see Marketing Strategy).

### **Objectives and Measures of Success**

The focus of the HHC is to provide high-quality family-centered primary medical care and supplemental services to low-income, uninsured, underinsured, and underserved residents of Highland and nearby communities. Given the need for these services, and support articulated in a survey of the Highland Community, the HHC expects to meet the following objectives:

- 2,500 users, by June 30, 2010 and 4,634 users by June 30, 2013.
- 7,500 encounters, by June 30, 2010 and 13,900 encounters by June 30, 2013.

- Improved health status of the Highland Community by June 30, 2012, measured by:
  - 50% of adult clients diagnosed with hypertension will have their blood pressure in control (140/90 or 130/80-for clients with diabetes or chronic kidney disease);
  - 43% of adult clients diagnosed with diabetes will have a HbA1c < 7.0;
  - 50% of sexually active female patients of child bearing age will have documented education about the importance of early prenatal care;
  - 40% of adult patients will receive mental health screening and assessment;
  - 95% of patients with abnormal mammograms or FOBT screenings will receive their results or will initiate treatment within 30 days of the test.
- Ratings of at least 90% on HHC patient satisfaction surveys, by June 30, 2012, using a five-point scale to rate program care and ancillary services.
- 10% fewer non-urgent Emergency Department (ED) visits by HHC patients. We will track this measure with three years of ED data from Gaston Memorial Hospital, starting with 2009.
- 70% of HHC patients will come from Highland. We will track this by identifying patients with Highland addresses and determining the percentage from Highland.

## **Project Operations and Management**

GCHD will manage all HHC services and will contract with GFHS for primary care providers and selected support staff. At the same time, the HHC Management Team will develop and implement new and improved clinical and community-based programs; develop the HHC budget; secure the needed patient mix; and, work with the Community Advisory Committee (see below). The Team will be composed of the HHC Practice Manager, GCHD Health Director, Medical Director, Personal Health Services Administrator, and Business Services Administrator, and the GFHS Executive Director, Medical Director, and Chief Financial Officer. It will also convene ad hoc groups to complete discrete tasks. GCHD will have final decision-making authority and will, with 90 days notice, have the prerogative to terminate GFHS providers and ask GFHS to hire replacements. The Team will meet monthly in the first year, and quarterly thereafter.

The following describes key clinical positions; a description of staffing (Table 1, Appendix) and job duties (Exhibit 2, Appendix) are provided for the first three years of HHC operations.

- The Midlevel will provide education, review medications, perform minor medical procedures, order diagnostic tests and dispense medications as needed.
- The Nurse Screener will provide visits for non-complicated, established clients; they will take patient histories, perform screening exams, complete treatment plans, provide patient education, dispense needed medications, and will provide triage services for walk-in clients.
- The Nurse Manager will provide daily clinic oversight, handle client complaints, and recommend and ensure adequate staffing, will distribute the previous day's productivity measures to each provider, and will answer client billing questions. The Nurse Manger will be in communication with the GCHD Medical Director and Personal Health Services Administrator.
- GCHD staff will conduct all accounting and payroll activities. Staff will be paid on the county schedule and travel requests must follow county procedures. All supplies and

equipment will be purchased through the County: large items will be delivered directly to the HHC and smaller items will be delivered by the county courier.

#### Quality Assurance and Quality Improvement

HHC will establish a Quality Assurance Team, composed of staff from all HHC disciplines. Under the supervision of the GCHD Quality Assurance Coordinator, the QA Team will conduct quarterly audits and report the results to the QA Coordinator. The audits will review clinical records, client complaints and suggestions, client satisfaction surveys, regulatory surveys, incident and occurrence reports, and safety inspection reports. The QA Coordinator, whose time will be an in-kind GCHD contribution, will work with the Nurse Manager to ensure all contract requirements and Medicaid and Medicare guidelines are met. All audit results will be distributed at HHC staff meetings.

At monthly staff meetings the QA Coordinator, providers, and staff will identify and develop process improvements to increase service quality and will share audit results. The team will use a Plan/Do/Study/Act approach to solve problems, reduce patient risk, improve client satisfaction, and prevent future incidents. This information will also be used for program planning, staff development, and evaluations of program effectiveness.

Clients will be encouraged to complete Satisfaction Surveys, which will help staff identify and meet changing community needs. In addition, HHC clients will have a formal process to make complaints and file grievances.

Each quarter, the Nurse Manager will report patient demographics, patient diagnoses, expenses and revenues, year-to-date reimbursements, and new HHC opportunities to the HHC Management Team.

#### Technology

HHC information systems will be based on a stand-alone server, a combination of personal computers in the reception area, portable tablets for providers, and an Electronic Medical Record system (EMR). The facility will use two laser printers, a fax machine, secured docking stations for recharging portable tablets, and an all-in-one copier/fax/printer/scanner.

Personal and laptop computers will feature Microsoft Office – including word processing, spreadsheets, email, and Internet access, and PowerPoint. Internet connectivity will enable staff to secure test results from LabCorp, a reference laboratory, and the laboratory, diagnostic, and medical records departments at the local hospital, Gaston Memorial Hospital. It will also provide access to the NC Immunization Registry, the NC State Laboratory, and the Centers for Disease Control. This system will also enable staff to send and receive email.

The EMR will enable staff to track client diagnoses, medications, appointments, and send appointment reminders, diagnostic results, and other notices. Client test results, reports, and medical records will also be faxed as needed.

The Gaston County Information Technology Department will help plan the facility, provide ongoing technical assistance, and will back-up all data systems.

The telephone system will be an extension of the system serving GCHD/GFHS at their shared campus on Hudson Boulevard, allowing staff to transfer calls to GCHD, GFHS, and HHC. Clients who call HHC will hear a menu of options, in English and Spanish, guiding them to their intended destinations. Clerical staff will answer phone calls during normal operating hours, and after-hours and emergency calls will be answered by the answering service, which will direct HHC clients to the Nurse Triage Line, as needed.

Each staff member will have a telephone with password-secured voicemail, which includes the ability to transfer calls, change outgoing messages, and save calls. The Nurse Manager's cell phone and beeper will be connected to the vaccine refrigerator alarm; in the event of a power failure, the beeper will notify him/her so staff can move the vaccine to another location.

### **Target Market Definitions and Research**

HHC will be located in Gaston County, a community of 199,397 residents in the southern Piedmont of North Carolina (Map 1, Appendix). This 365 square-mile jurisdiction is in the Charlotte-Gastonia-Concord Metropolitan Statistical Area and has the 10th largest population among the state's 100 counties (Census, 2006).

Once a leading producer of textiles, tens of thousands of textile workers have lost jobs over the past three decades; in the past 10 years more than 17,000 permanently lost jobs, mostly textile related (Gaston County Economic Development Commission).

The City of Gastonia, with a population of 70,447 (Census, 2006), is the county seat and home to the Highland Community, the primary target market. Highland is located in the City's north-central area, between downtown Gastonia and Interstate 85, and is bisected by Route 321, the county's busiest road (Map 2, Appendix). Measuring roughly 1.4 miles north-south, and 1.8 miles east-west on its longest dimensions, it has 5,708 residents, and is coterminous with census tracts 319 and 320. A traditional African-American community, Highland is the county's most economically depressed area and its residents have the county's poorest health status.

The secondary market is composed of areas next to and near Highland: the Cities of Dallas, Bessemer City, Kings Mountain, and Cherryville, west Gastonia, and unincorporated parts of the county, where residents have limited incomes and few medical resources (Map 3, Appendix). The population of these 12 census tracts is 53,314 (Census 2000).

Key demographic and socioeconomic measures describe the significant needs in Highland:

- **Population:** A greater percentage of females and a larger percentage of youth, up to age 24 live in Highland when compared to Gaston County (Table 2, Appendix).
- **Race and Ethnicity:** While the county population is 79.1% White, 13.7% Black, and 5.2% Hispanic, Highland's population is 72.6% Black and 27.4% minority (Table 3, Appendix). The county's documented Hispanic population grew to 10,306, or 80.2%, between 2000 and 2006 and the Gastonia Police Department estimates at least 1,000 Latinos reside in Highland.
- **Poverty:** The 2000 Census found 52,477 (28%) Gaston County residents were living below 200% of the Federal Poverty Level and 20,309 (10.9%) were living below 100% of the poverty level. Among Blacks, who comprise 13.9% of the county population, 22.9% (5,886) were living below the poverty level in contrast to 8.7% of Whites (13,531).

- Highland has a substantially greater percentage of poor families and individuals than the County as measured by the percentage of individuals below 100% and 200% of the Federal Poverty Level, families and individuals living below the Federal Poverty Level, median household and family income, percentage of families living below the poverty level with related children under 18 and under five years of age, and the percentage of individuals over age 65 living in poverty (Table 4, Appendix).
- Low Income Children: In Highland, 40.5% of children under 18 live in poverty, in comparison to 14.9% in Gaston County; of children between ages 5 and 17, in families headed by single females and living below poverty, 64.7% live in Highland in comparison to 34.6% in Gaston County (Census, 2000). At Woodhill, Highland's only elementary school, 96% of students are on the Free and Reduced Lunch Program.
- Unemployment: In January 2008, the unemployment rate in Gaston County was 6.1% and 5.3% in NC (NC Employment Security Commission); the situation is likely more acute in Highland, as fewer of its residents are employed than in the County (Table 5, Appendix).
- Education: 78.2% of adults over age 25 in Gaston County have completed high school compared to 55.8% in Highland. In Gaston County 14.1% of adults over 25 have a bachelor's degree or higher, while fewer than 6% do in Highland (Table 6, Appendix).
- Homelessness: The Salvation Army operates the county's only permanent homeless shelter within a mile of Highland; this facility regularly houses 50 adults and children.

### **Needs Assessment**

For the period 2001-05, the Highland Community's total age-adjusted death rate was 1054.2, which exceeded Gaston County (1009.6) and state (895.5) rates. At the same time, Gaston County mortality rates exceed State rates in all race and sex categories (Table 7, Appendix).

Table 8 (Appendix) presents age-adjusted death rates for the ten leading causes of death in Highland, Gaston County, and North Carolina. In Highland, the death rate exceeds county and state rates for: heart disease; cerebrovascular disease; diabetes; and, nephritis, nephrotic syndrome, and nephrosis – the state's first, third, sixth, and eighth leading causes of death – which are associated with the absence of timely diagnoses, treatments, and disease management. An analysis of these conditions shows:

- The death rate from Coronary Heart Disease, the leading cause of death in Gaston County, is 269.7 Highland, 261.9 in Gaston County, and 226.8 for North Carolina.
- While Gaston County's Minority death rate for Cancer is lower than White rates, its Minority death rate for prostate cancer (61.6) greatly exceeds the rate for Whites (22.2).
- Death rates from Diabetes are 58.6 in Highland – which is more than twice the state rate (27.9) and nearly twice the rate for Gaston County (29.7).

Infant Health: Gaston County has a higher infant mortality rate, a higher rate of pregnant adolescents, and a smaller percentage of pregnant women who receive early prenatal care than in NC (Table 9, Appendix); each of these measures is more acute among Highland residents, suggesting a need for family planning, early prenatal care, and pregnancy support programs.

Health Behaviors and Resources: There are significant disparities in the incidence of health-related behaviors, health resources, and health status between White and Other Gaston County

residents (Table 10, Appendix) for such measures as health insurance, receipt of mammography, and hospitalization for diabetes (BRFSS, NC State Center for Health Statistics, 2006).

HIV Disease and Sexually Transmitted Infections: Gaston County has documented a total of 712 cases of HIV Disease and 355 cases of AIDS. From 2002-2006, its HIV Disease rate was 16.4; extrapolations yielded a rate of 40.9 for the Highland Community. From 2002-2006, the County rate of Chlamydia infections was 266.0, and 563.6 for Highland; the gonorrhea rate was 517.3 in Highland in contrast to 194.1 for Gaston County (NC HIV Prevention and Care Branch).

Geographic Barriers to Care: While Gaston is the State's tenth most populous county, its 8.5 primary care physicians per 10,000 population, ranks 28<sup>th</sup> in the State (2007, Sheps Center for Health Services Research); there are no medical practices in the Highland Community.

Highland is five miles from GFHS, the county's federally qualified community health center, which provides full primary medical care on a sliding-fee scale. In the Highland Survey conducted by GCHD and GFHS (April 2007), 98% of 177 respondents cited the need for a closer health care resource because of the distance and difficulty of traveling to GFHS. In Highland, 36.9% of renters and 13.5% of home owners do not own vehicles, leaving them the option of using ACCESS, the county van service, or Gastonia Transit buses. ACCESS is available only to Medicaid and Medicare recipients and requires reservations at least a week before trips. Gastonia Transit requires Highland residents to take two buses to reach GFHS – which takes an hour and 45 minutes to nearly three hours for each leg of the trip (Exhibit 3, Appendix).

This geographic isolation helps explain why 85% of survey respondents said they never use the county's only hospital – Gaston Memorial Hospital – and its Emergency Department, and it suggests their inability to secure regular primary medical care contributes to Highland's high rates of mortality and morbidity. Highland residents innately understand this situation; during the survey, many respondents asked why GCHD closed its Highland office (1989) and said they were very pleased that we might return.

Gaps in Service: Without a health center, Highland residents will continue to have: (1) high rates of acute and chronic conditions, due to the absence of regular primary care; (2) elevated rates of preventable conditions, including teen pregnancy, infant mortality, and STDs; (3) limited skills for managing diseases, such as diabetes and asthma; (4) limited access to health promotion programs on parenting, smoking cessation; and (5) limited access to behavioral health services.

## **Marketing Strategy**

The HHC marketing strategy is based on the following assumptions:

1. Many Highland residents have limited reading skills;
2. Highland residents receive the bulk of their information through the spoken word: TV, radio, conversations, presentations, and sermons;
3. Opinion leaders wield significant influence in this community; and,
4. HHC is intended, and must be portrayed, as a resource for all county residents.

Marketing messages, and the channels through which we will convey them (Tables 11-14, Appendix), reflect these assumptions and the needs articulated in the Highland Survey.



Specifically, they will convey information on HHC Services, Cost, Convenience, and Client Respect to primary (Highland) and secondary audiences (nearby communities). Marketing will start at the onset of facility construction, will heighten in the weeks before HHC opens, and will continue after HHC begins operations.

Given budget limitations, HHC will use free and low-cost marketing strategies: press releases for earned media coverage, brochures, mailings to Highland residents using free lists from the City of Gastonia, and door-to-door visits in Highland. HHC staff will conduct focus groups with Highland residents to refine its messages before launching these campaigns.

## **Industry Analysis**

The key success factors for community health clinics are: (1) sufficient start-up and operating funds, (2) clinical and business efficiency, (3) a payer mix that generates needed revenues, (4) a full patient caseload, (5) a good clinic location, (6) an attractive clinical environment, (7) caring and competent providers, (8) easy appointment setting, including walk-in appointments, (9) convenient operating hours, (10) limited waiting times, (11) expedited billing, and (12) confidential maintenance of clinical and financial data.

The barriers to establishing and operating a successful community health clinic include: (1) the cost of facility construction, up-fitting, and outfitting; (2) recruiting and retaining competent and caring staff; (3) insufficient cash flow and revenues; (4) licensing and securing hospital privileges for providers hired from out-of-state; and, (5) becoming a network provider for health insurance carriers.

The HHC will avoid legal obstacles by operating under the auspices of GCHD. GCHD/GFHS do not expect insurmountable political obstacles because support for the project has been articulated by the Gaston County Board of Health, the GFHS Board of Directors, by members of the Gaston County Board of Commissioners, and by Gaston Memorial Hospital. HHC will work with these bodies, and staff at the NC Office of Rural Health, Development, and Demonstrations, to assure it has the political and technical resources to establish and operate a successful program. Further, there are no foreseeable regulatory barriers to this program.

HHC will use GFHS' experience with its EMR system to purchase hardware compatible with the State's Health Information System, including a module to assign and submit billing codes to third-party payers.

If there is insufficient demand for HHC services, GCHD/GFHS will increase program marketing in outlying communities and seek federal deficit funding, using GFHS' status as a Federally Qualified Health Center.

Over the past ten years, there have been significant changes in North Carolina's health care environment. The State Children's Health Insurance Program (SCHIP) - NC Health Choice - was established in 1998 to purchase medical care for families whose incomes were too high for Medicaid but could not afford private health insurance. In 2005, eligibility was amended and children, up to age 5, who qualified for Health Choice, became eligible for Medicaid and primary care provider assignments.

In February 1998, North Carolina's mandatory Medicaid managed care program (1915(b)(1)) was amended to include Community Care of North Carolina. The program is in 99 NC counties, including Gaston County, and requires program recipients to identify primary care providers. The 167 primary care providers in Gaston typically limit the number of Medicaid clients in their practices and rarely accept uninsured clients who cannot pay full charges.

The addition of parental income to Medicaid eligibility determinations for pregnant minors has reduced available Medicaid services for pregnant teens and has increased uncompensated care for hospital OB-Gyn services. Fifteen percent of pregnant women statewide and 20% in Gaston County receive late or no prenatal services, which increases the chances of poor birth outcomes. In Healthy Carolinians 2010, the NC Department of Health and Human Services set statewide goals to remove health disparities among the disadvantaged and to promote access to disease prevention services. It also presented 12 focus areas to achieve these ends; the HHC aligns with State priorities by addressing many of these focus areas, including: chronic disease, community health, health promotion, infant mortality, and older adult health.

In 2007, the Senate and House cosponsored H.R.1343 and S. 901. The result was the unanimous passage of the "Health Care Safety Net Act," which reauthorized health center funding at historic levels. Congress also increased funding for the National Health Service Corps and established health centers as permanent health professional shortage areas. This enables health centers to compete and recruit physicians, as the program provides educational funding to physicians who work in shortage areas.

The National Association of Community Health Centers (NACHC) report, ACCESS DENIED (March, 2007) identified the growing need for healthcare in America. It reported over 56 million Americans do not have access to basic health care. With 21 states having more than one million medically disenfranchised residents, agencies serving the underprivileged and underinsured are needed more now than ever. In 2005 North Carolina ranked 16th out of 50 states for medically disenfranchised residents. In its follow-up report, ACCESS GRANTED (August 2007), NACHC stated close to \$40 billion could be saved by expanding health centers across the nation. Further, it stated the medical expenses of health center clients were 41% lower than elsewhere. According to the report, the Affordable Comprehensive Care, Expanded to Strengthen Service (ACCESS) for All America plan would increase federal support for expanding the number of health centers, which they estimate would generate at least \$22.5 billion in savings by 2015.

Local health centers overcome access, cost, and quality challenges by: locating in medically underserved areas where private physicians will not establish practices; serving clients regardless of their ability to pay; establishing customized services to meet community needs; increasing access to health care by assisting with transportation, offering translation services, making home visits; and, providing community education programs.

### **Partners/Competitors**

GCHD/GFHS, will work in partnership with: Gaston County Government, which is the parent organization of the health department and the potential donor of land for the facility; the NC Office of Rural Health, Development, and Demonstrations, which will provide technical

assistance for facility development and reaching underserved populations; and, the NC Department of Health and Human Services, which will provide Medicaid reimbursements. Once HHC opens, GCHD/GFHS will meet with representatives of Gaston Memorial Hospital to determine if they can provide funding to support its operations.

On December 18, 2007 GFHS submitted an application for an annual Federal grant of \$650,000 in support of the HHC. Initial funding would support a temporary clinic that would open in August 2008; the interim facility would move to the proposed HHC and these funds would pay for the delivery of uncompensated care.

The HHC will also be aided by such collaborators as: (1) The City of Gastonia Police Department, which will refer Highland residents to the Center as part of their community wellness program; (2) the Gaston Memorial Hospital Emergency Department, which will refer Highland residents needing primary medical care to HHC; (3) faith-based organizations, day care centers, the County Department of Social Services, the County Cooperative Extension Service, Meals on Wheels, the Gaston County Schools, City of Gastonia elected officials, and satisfied clients, who will refer Highland residents to the Center; and, (4) local media, which will cover Center development activities and operations.

GCHD/GFHS have received and are confident of continuing community support: the Highland Community warmly welcomed our staffs during the Highland Survey; Highland's two Community Watch groups strongly endorsed the Center, after hearing the survey results; members of the Gastonia City Council and City staff have voiced their full support; and, the Gaston County Board of Health unanimously directed staff to develop a business plan. Key to these endorsements is our vision for providing a distinctive service relative to our competitors. Specifically, the Center will: serve a community with no clinical practices; offer evening and weekend hours; provide lifelong primary medical care to un/under-insured populations; use a sliding-fee scale based on family size and household income; serve clients who are unable to pay; integrate public health, primary medical care, and urgent care services; and, will design Center operations and the facility layout based on articulated community needs.

Potential competitors include 40 local primary medical practices that seek to enroll insured clients including Medicaid and Medicare (Map 4, Appendix) and two urgent care centers that provide clinical care for individuals with non-emergent conditions who cannot secure appointments in their "home" medical practices.

## **Risks**

The potential risks to this plan include limited enrollment by the community, lack of revenue, competition from medical providers that could enter the Highland community, long patient waits at the Center leading to client dissatisfaction, poor show rates, and increased Emergency Department visits by HHC clients who need non-emergent care.

GCHD and GFHS believe they are at minimal risk for losing funding as they consistently pass programmatic and financial audits for the use of Medicaid, Medicare, state, and federal funds.

In its first two years of operations, HHC will focus on providing core primary care services; starting in year three the Center plans to add behavioral health and will contract with local health care providers to offer eye care.

### **Timeline**

<b>Deadline</b>	<b>Activity</b>
April 2008	Develop Business Plan
May 2008	Board of Health Endorses Business Plan
June 2008	Board of Commissioners approve biz plan and donates land
January 2008 – January 2009	Architect completes facility design
February 2009	Contractors selected and contracted
July 2009 – June 2010	Facility constructed
October 2009	Policies and procedures developed
October 2009	Submit requests for new GCHD staff positions
February 2010	Advertise for staff
April 2010	Hire staff
April 2010	Establish a Highland Advisory Board
May 2010	Train staff
June 2010	Facility outfitted
June 2010	Market open house and facility to the community
June 2010	Hold open house to introduce the Center to the community
July 2010	Begin operations
July 2012	Begin Behavioral Health Program

### Exit Plan

The HHC Management Team will continually work to improve its operations, services, and programs by using patient and financial data, and patient feedback and suggestions. In the event patient visits significantly decrease, it will use contingency funding to sustain operations while evaluating operating efficiencies.

If these plans fail the Management Team will implement its exit strategy: (1) reassign staff to other GCHD/GFHS clinics; (2) operate the HHC only during the most used days and times, and divert clients to other GCHD/GFHS locations; (3) conduct a reduction in force, leaving core staff and activities and discontinuing non-revenue generating services; and, (4) close the facility, notifying clients and stakeholders, and reassigning clients to other GCHD/GFHS clinics.

### **Financials**

Funding for all start-up expenses including planning, construction, & fully out-fitting the Highland Health Center prior to opening in July 2010 will be covered by existing funds. \$5,000,000 earned through Medicaid Cost Settlement by Gaston County Health Department has been set aside for these expenses. It is anticipated that the total start-up cost will be \$ \$4,038,430. which will leave \$961,570 in un-expensed funds after construction. Funds remaining after the planning and construction phase will be placed in a reserve account to establish a one-year operating contingency fund; see Table 15 (Appendix) for reserve account balances. Funding to operate the center will be supported through revenue earned for services provided.

**Planning & Construction Budget (FYs 2009 & 2010)**

The planning budget runs from July 2008 through June 2009 with a total budget of \$370,152.

The construction budget runs from July 2009 through June 2010 with a total budget of \$3,668,278. Personnel time for planning & construction will be an in-kind contribution of \$9,600 for each year with 480 hours estimated at an average of \$20 per hour (20 staff x 2hr per month x 12 months = 480 hrs). This is not reflected in the budget projections below.

**PLANNING July 2008 - June 2009 (FY 09)**

<b>EXPENSES</b>	
<b>Professional Services:</b> Architectural fees estimated at \$250,000 (10% of building structure budget) well as Land surveying & consultant fees estimated at \$100,000.	\$350,000
<b>Mileage:</b> 300 miles @ .505 per mile. 30 site visits anticipated at 10 miles round trip.	\$152
<b>Advertisement:</b> Expense of placing 2 requests for proposal (RFP) ads in local newspapers at \$1,000 per week for four weeks as a 30 day posting is required. The two ads will be for architect & contractor services.	\$8,000
<b>Other Services:</b> Expense for conducting monthly community focus groups & information sessions. 12 @ \$1,000 each	\$12,000
<b>TOTAL EXPENSE</b>	<b>\$370,152</b>
<b>REVENUE</b>	
<b>Medicaid Cost Settlement:</b> Funds earned by the Gaston County Health Department from the North Carolina Medicaid Cost Settlement program. These funds already exist.	\$5,000,000
<b>TOTAL REVENUE</b>	<b>\$5,000,000</b>
<b>GRAND TOTALS</b>	
EXPENSE BUDGET	\$370,152
REVENUE BUDGET	\$5,000,000
<b>DIFFERENCE</b>	<b>\$4,629,848</b>

**CONSTRUCTION July 2009 - June 2010 (FY 10)**

<b>EXPENSES</b>	
<b>Professional Services:</b> Marketing Coordinator Contract at \$104 per hour x 20 hours per month for 12 months	\$24,960
<b>Office Supplies:</b> Estimated cost to initially stock the new facility with general office supplies such as, copier & printer paper, calculators, etc.	\$8,000
<b>Marketing:</b> 2 grand opening 1/2 page ads at a cost of \$1,850., 10,000 Highland Health Center pre-opening brochures @ \$500, & the establishment of a website @ \$1,500. The remaining \$8,100 will cover the cost for grand opening banners & signs to be placed throughout the county.	\$11,950
<b>Mileage Reimbursement:</b> 1200 miles at .505 per mile for site visits	\$606
<b>Telephone:</b> Service expenses for 2 months at \$450 per month	\$900
<b>Heat/ Lights/ Water:</b> Service expenses for 2 months at \$1.87 per square foot annually	\$3,117
<b>Advertisement:</b> Ads for staff recruitment if necessary	\$2,000
<b>Insurance:</b> .15 for each \$100 of value	\$4,745
<b>Other Services:</b> Utilities & phone connection fees, cable connection fees & 1 month of service, security alarm system installation & 1 month of service. In addition \$500 for Network Solutions web design.	\$12,000
<b>Equip/Furniture:</b> 1 X-ray machine with processor @ \$180,000, 1 colposcopy unit @ \$5,000, 1 ultrasound machine @ \$45,000, 1 fetal monitor @ \$2,500, 6 GYN/Geriatric exam tables @ \$8,000 each, 3 pediatric exam tables @ \$1,500 each, 9 exam lights @ \$300 each, 1 IV pump @ \$1,000, 1 refrigerator with temperature alarm @ \$9,000, 1 freezer @ \$1,000, 1 blood analyzer @ \$1,600, 1 autoclave/sterilizer @ \$9,000, 1 urine analyzer @ \$10,000, 1 CBC analyzer @ \$18,000, 1 EKG machine @ \$3,500, 7 PCs @ \$1,200 each, 3 PC tablets @ \$2,000 each; Tables 16 and 17 (Appendix) describes additional medical equipment and furniture needs.	\$1,000,000
<b>Building Structures:</b> \$250 per square foot x 10,000 square feet	\$2,500,000
<b>Landscaping:</b> Sod purchase & installation @ .60 per square foot for 1.5 acres (65,340 square feet) = \$39,204., trees, shrubs, & irrigation system installation	\$100,000
<b>TOTAL EXPENSE</b>	<b>\$3,668,278</b>
<b>REVENUE</b>	
Medicaid Cost Settlement	\$4,629,848
<b>TOTAL REVENUE</b>	<b>\$4,629, 848</b>
<b>GRAND TOTALS</b>	
EXPENSE BUDGET	\$3,668,278
REVENUE BUDGET	\$4,629,848
<b>DIFFERENCE</b>	<b>\$961,570</b>

**Years 1 - 5 Budget (FY 2011 - 2015):** The Highland Health Center is scheduled to open July 2010. The first five years of operation cover the period of July 2010 - June 2015. The Highland Health Center will utilize the State's Tax Debt Setoff program to maximize client fee revenue as well as an internal collection processes. Payroll and financial auditing will be in-kind service contributions provided by Gaston County with an estimated annual cost of \$12,000 annually (\$1,000 per month) which is not included in the budget projections.

**Years 1 - 5 (July 2011 - June 2015)**

<b>EXPENSES</b>	<b>FY 2011</b>	<b>FY 2012</b>	<b>FY 2013</b>	<b>FY 2014</b>	<b>FY 2015</b>
<b>Salaries:</b> FY 2011 - 1 Nurse Practitioner (NP) @ 80K, 1 Nurse Manager @ 60K, 1 Nurse Screener @ 54, 235K, 2 Medical Records Clerks @ 28K each, & 2 Medical Office Assistants (MOA) @ 34K each. FY 2012 - Staff increase by 1 Medical Records Clerk, 1 MOA, & 0.5 Nurse Practitioner. FY 2013 - Staff increase of 0.5 NP. 5 % annual salary increase. Additional contracted medical personnel budgeted under "Professional Services".	\$318,235	\$441,247	\$507,409	\$532,780	\$559,419
<b>FICA:</b> 7.65% of salaries	\$24,345	\$33,755	\$38,817	\$40,758	\$42,796
<b>Retirement:</b> 4.89% of salaries	\$15,562	\$21,577	\$24,812	\$26,053	\$27,356
<b>*Health Insurance:</b> \$8,100 per FTE	\$56,700	\$76,869	\$82,250	\$88,007	\$94,168
<b>PERSONNEL TOTAL</b>	<b>\$414,842</b>	<b>\$573,448</b>	<b>\$653,288</b>	<b>\$687,598</b>	<b>\$723,737</b>
<b>Prof Services - Medical:</b> Gaston Family Health Services (GFHS) contracted personnel with a 5 % annual increase. FY 2011 - .5 FTE Physician at \$90K, 1 Medication Assistance Coordinator (MAC) at \$35K. FY 2012 - Staff increase of 0.5 physician. FY 2013 - Staff increase of 1 Licensed Clinical Social Worker (LCSW)	\$125,000	\$225,750	\$294,038	\$308,739	\$324,176
<b>Prof Services - Banking:</b> 4% credit/debit card usage fee. Anticipate 9% of self pay clients to utilize credit/debit card (current Health Department trend). No purchase of equip. as this is provided at no charge by the bank. FY 2012 - increased by 50% due to a 66% client visit increase from FY 2011. FY 2013 - increased by 10% due to client increase in visits by 11% from FY 2012 with a 7% annual cost increase thereafter	\$534	\$801	\$881	\$943	\$1,009
<b>Professional Services:</b> \$12,000 for interpreter services, \$12,000 for biohazard waste, \$6,000 outside lab fees (avg. \$1.25 per client). FY 2012 - increased by 50% due to a 66% client visit increase from FY 2011. FY 2013 - increased by 10% due to client increase in visits by 11% from FY 2012 with a 7% annual cost increase thereafter	\$30,000	\$45,000	\$49,500	\$52,965	\$56,673
<b>Uniforms:</b> \$100 annually per clinical staff member on payroll (excludes clerical & contract staff). 5 clinical FTE's in FY 2011 & 6.5 in FY 2012 & 7 in FY 2013 forward	\$500	\$700	\$700	\$700	\$700
<b>*Food &amp; Provisions:</b> Avg. \$183 per month for refreshments & paper products for patient education sessions & to keep on hand for diabetics.	\$2,200	\$2,354	\$2,519	\$2,695	\$2,884
<b>Lab Supplies:</b> Estimated expense for in-house lab supplies such as; glucose test strips, specimen cups, blood vials, etc. Avg. of \$1.25 per client visit. FY 2012 - increased by 50% due to a 66% client visit increase from FY 2011. FY 2013 - increased by 10% due to client increase in visits by 11% from FY 2012 with a 7% annual cost increase thereafter	\$9,375	\$14,063	\$15,469	\$16,552	\$17,710
<b>Program Supplies:</b> Estimated expense for exam table paper & sheets, breast exam drapes, saline, gloves, & other supplies necessary to conduct clinic. Average cost of \$4.55 per client visit. FY 2012 - increased by 50% due to a 66% client visit increase from FY 2011. FY 2013 - increased by 10% due to client increase in visits by 11% from FY 2012 with a 7% annual cost increase thereafter	\$34,125	\$51,188	\$56,306	\$60,248	\$64,465
<b>Drugs:</b> Average cost of \$3.06 per client visit. FY 2012 - increased by 50% due to a 66% client visit increase from FY 2011. FY 2013 - increased by 10% due to client increase in visits by 11% from FY 2012 with a 7% annual cost increase thereafter	\$22,950	\$34,425	\$37,868	\$40,518	\$43,355

<b>*Office Supplies:</b> Cost of general office supplies such as paper @ \$45 per case x 24 cases = \$1,080, pens @ \$18 per 12 pk x 24 pks = \$432, ink cartridges @ \$35 each x 12 = \$420, the remaining \$2,068 for various other general office supplies such as; calculator tape, staples, envelopes, scotch tape, paper clips, hanging file folders, note books, note pads, sticky notes, dividers, etc.	\$4,000	\$4,280	\$4,580	\$4,900	\$5,243
<b>*Books:</b> 2 sets of CPT & ICD coding books @ \$200 each = \$400, 2 Physician Desk Reference books @ \$70 each = \$140, 2 Medical Dictionaries @ \$75 each = \$150.	\$690	\$738	\$790	\$845	\$904
<b>*Mileage Reimbursement:</b> 600 miles between facilities travel + 400 miles community travel x 0.505 per mile.	\$505	\$540	\$578	\$619	\$662
<b>*Client Transport:</b> Minimal usage anticipated. 200 bus tickets @ \$1.00 each = \$200 (just under 3% of client visits), 4 cab rides @ an average of \$25 each = \$100.	\$300	\$321	\$343	\$368	\$393
<b>*Telephone:</b> Monthly phone service @ \$450 per month	\$5,400	\$5,778	\$6,182	\$6,615	\$7,078
<b>*Mobile Phones:</b> 2 mobile units @ \$60 each, per month.	\$1,440	\$1,541	\$1,649	\$1,764	\$1,888
<b>Postage:</b> 7500 statements x .41 per mailing (based on current reduced postage through pre-sort company) = \$3,075. 40% of client visits with at least 1 collection letter – 3,000 x .41 = \$1,230, 15,000 misc. mailings such as appt reminders, etc. @ an avg. of .41 per mailing = \$6,150. FY 2012 - increased by 50% due to a 66% client visit increase from FY 2011. FY 2013 - increased by 10% due to client increase in visits by 11% from FY 2012 with a 7% annual cost increase thereafter	\$10,455	\$15,683	\$17,251	\$18,458	\$19,750
<b>*Heat / Lights / Water:</b> \$2.26 per square foot.	\$22,600	\$24,182	\$25,875	\$27,686	\$29,624
<b>*Printing:</b> 2,000 bus.cards @\$245, 4,000 letterhead @ \$590, 1,500 brochures @ \$870.	\$1,705	\$1,824	\$1,952	\$2,089	\$2,235
<b>*Bldg Repairs &amp; Maintenance:</b> Lawn care (mowing/ trimming) 26 visits @ \$125 each = \$3,250.	\$3,250	\$3,478	\$3,721	\$3,981	\$4,260
<b>Equipment Maintenance:</b> FY 2011: Leased copier maintenance cost: \$1,000. Annual avg. of 10% of the cost of purchased equipment: Ultrasound machine \$4,500, x-ray machine \$18,000, urine analyzer \$1,000, autoclave/ sterilizer \$900, refrigerator with alarm \$900, Otoacoustic Emissions (OAE) Hearing Screener \$450, & EKG machine \$350 for 5 years	\$27,100	\$27,100	\$27,100	\$27,100	\$27,100
<b>*Janitorial Service:</b> .75 x 10,000 square foot annually.	\$7,500	\$8,025	\$8,587	\$9,188	\$9,831
<b>*Temporary Help Service:</b> 160 hours @ an avg. of \$16 per hour.	\$2,560	\$2,739	\$2,931	\$3,136	\$3,356
<b>Employee Development/Training:</b> \$2,000 for Nurse Practitioner, \$1,500 for nurses, \$1,000 for MOA's, \$500 for Medical Records Clerks annually. FY 2011: 1 NP = \$2,000, 2 nurses = \$3,000, 2 MOA's = \$2,000, 2 Medical Records Clerks = \$1,000, for a total of \$8,000 FY 2012: 1.5 NPs = \$3,000, 2 nurses = \$3,000, 3 MOA's = \$3,000, 3 Medical Records Clerks = \$1,500, for a total of \$10,500. FY 2013 forward: 2 NPs = \$4,000, 2 nurses = \$3,000, 3 MOA's = \$3,000, 3 Medical Records Clerks = \$1,500, for a total of \$11,500	\$8,000	\$10,500	\$11,500	\$11,500	\$11,500
<b>Security Services:</b> \$45K for on-site Deputy Sheriff, \$145 per month x 12 months for alarm monitoring. 5% increase annually thereafter	\$46,740	\$49,077	\$51,531	\$54,107	\$56,813
<b>*Other Services:</b> Shredding at \$8,016 annually (On-site shredding service by Shred-It with an avg. of 4 per month @ \$167 each), monthly cable service at \$1,440 annually (\$120 per month), weekly rug replacement service at \$2,800 (5 rugs @ \$10 per week x 56 weeks), Virtual Private Network (VPN) back-up service @ \$1,680 (\$140 per month), monthly scale calibration for 2 scales at \$300 annually (\$25 per month), 2 water coolers @ \$112 each annually = \$224, \$350 annually (\$29.13 per month) for web hosting per Network Solutions & \$1,200 for garbage pick-up (\$100 monthly)	\$16,010	\$17,131	\$18,330	\$19,613	\$20,986



<b>*Equipment Rental:</b> \$6,000 copier and \$4,000 for postage machine	\$10,000	\$10,700	\$11,449	\$12,250	\$13,108
<b>*Insurance:</b> .10 per \$100 of worth for building liability = \$3,163.	\$3,163	\$3,384	\$3,621	\$3,875	\$4,146
<b>*Dues / Subscriptions:</b> Annual subscription to Journal of the American Medical Association (JAMA) @ \$550, Annual membership dues to the American College of Obstetricians & Gynecologists (ACOG) \$350, annual subscription to 5 magazines for client waiting area @ an average of \$30 each = \$150, American Public Health Association membership dues @ \$195 annually, \$35 annually for website domain name per Network solutions. The remaining \$1,000 covers annual medical licensure dues, American Academy of Nurse Practitioners (AANP) and NC Public Health Association memberships.	\$2,280	\$2,440	\$2,610	\$2,793	\$2,989
<b>OPERATING TOTAL</b>	<b>\$398,382</b>	<b>\$563,742</b>	<b>\$657,861</b>	<b>\$694,248</b>	<b>\$732,840</b>
<b>TOTAL EXPENSES</b>	<b>\$813,224</b>	<b>\$1,137,190</b>	<b>\$1,311,149</b>	<b>\$1,381,845</b>	<b>\$1,456,577</b>
<b>REVENUE</b>					
<b>State Grant:</b> Breast & Cervical Cancer Program (BCCP), Maternity, Family Planning, & Teen Pregnancy in which the Health Department has been very successful in obtaining over 1.8MM in State Grants on a yearly basis & feel that this figure is very conservative	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000
<b>Client Fees:</b> FY 2011 3,400 self-pay visits, FY 2012 forward @ 5,800 self-pay visits. Based on 40% pay on the sliding-fee scale (Table 18, Appendix) of an avg. office visit of \$95. 3% annual fee increase.	\$129,200	\$227,012	\$233,822	\$240,837	\$248,062
<b>Medicaid Fees:</b> FY 2011 - 2,300 visits @ \$102.90 per visit– Federally Qualified Health Center (FQHC) flat rate. 120 obstetrical deliveries @ an avg. of \$818 per delivery. 50 sterilizations @ an avg. of \$300 each. FY 2012 @ 4,100 client visits @ \$102.90 per visit. FY 2013 addition of 1,400 LCSW visits @ \$110 per visit. FY 2014 forward with a 3 % annual fee increase.	\$349,830	\$535,050	\$709,722	\$731,013	\$752,944
<b>Insurance Fees:</b> 100 client visits @ an average office visit of \$95 with a 3% annual fee increase.	\$9,500	\$9,785	\$10,079	\$10,381	\$10,692
<b>Medicare Fees:</b> FY 2011 – 1,700 client visits @ a reimbursement rate of \$115.33 per visit (FQHC flat rate) + 1,000 flu vaccines @ \$30 each. FY 2012 forward – increase of 800 client visits @ a reimbursement rate of \$115.33 per visit (FQHC flat rate). FY 2014 forward annual 3% increase	\$226,061	\$318,325	\$327,875	\$337,711	\$347,842
<b>TOTAL REVENUE</b>	<b>\$814,591</b>	<b>\$1,190,172</b>	<b>\$1,381,498</b>	<b>\$1,419,942</b>	<b>\$1,459,540</b>
<b>GRAND TOTALS</b>					
EXPENSE BUDGET	\$813,224	\$1,137,190	\$1,311,149	\$1,381,845	\$1,456,577
REVENUE BUDGET	\$814,591	\$1,190,172	\$1,381,498	\$1,419,942	\$1,459,540
<b>DIFFERENCE</b>	<b>\$1,367</b>	<b>\$52,982</b>	<b>\$70,349</b>	<b>\$38,097</b>	<b>\$2,963</b>

\* Indicates 7% annual increase

**Year One (FY 2011) Budget by Month**

<b>EXPENSES</b>	<b>July 2010</b>	<b>August 2010</b>	<b>Sept. 2010</b>	<b>Oct. 2010</b>	<b>Nov. 2010</b>	<b>Dec. 2010</b>	<b>Jan. 2011</b>	<b>Feb. 2011</b>	<b>March 2011</b>	<b>April 2011</b>	<b>May 2011</b>	<b>June 2011</b>	<b>TOTAL BUDGET</b>
Salaries - full	26,520	26,520	26,520	26,520	26,520	26,520	26,520	26,520	26,520	26,520	26,520	26,520	318,235
FICA	2,029	2,029	2,029	2,029	2,029	2,029	2,029	2,029	2,029	2,029	2,029	2,029	24,345
Retirement	1,297	1,297	1,297	1,297	1,297	1,297	1,297	1,297	1,297	1,297	1,297	1,297	15,562
Health Insurance	4,725	4,725	4,725	4,725	4,725	4,725	4,725	4,725	4,725	4,725	4,725	4,725	56,700
<b>PERSONNEL TOTAL</b>	<b>34,570</b>	<b>34,570</b>	<b>34,570</b>	<b>34,570</b>	<b>34,570</b>	<b>34,570</b>	<b>34,570</b>	<b>34,570</b>	<b>34,570</b>	<b>34,570</b>	<b>34,570</b>	<b>34,570</b>	<b>414,842</b>
Prof Services - Medical	10,417	10,417	10,417	10,417	10,417	10,417	10,417	10,417	10,417	10,417	10,417	10,417	125,000
Prof Services - Banking	0	25	30	45	50	50	50	50	50	50	67	67	534
Professional Services	0	2,000	2,300	2,500	2,900	2,900	2,900	2,900	2,900	2,900	2,900	2,900	30,000
Uniforms	42	42	42	42	42	42	42	42	42	42	42	42	500
Food & Provisions	183	183	183	183	183	183	183	183	183	183	183	183	2,200
Lab Supplies	781	781	781	781	781	781	781	781	781	781	781	781	9,375
Program Supplies	2,844	2,844	2,844	2,844	2,844	2,844	2,844	2,844	2,844	2,844	2,844	2,844	34,125
Drugs	1,913	1,913	1,913	1,913	1,913	1,913	1,913	1,913	1,913	1,913	1,913	1,913	22,950
Office Supplies	333	333	333	333	333	333	333	333	333	333	333	333	4,000
Books	58	58	58	58	58	58	58	58	58	58	58	58	690
Mileage Reimbursement	42	42	42	42	42	42	42	42	42	42	42	42	505
Client Transport	25	25	25	25	25	25	25	25	25	25	25	25	300
Telephone	450	450	450	450	450	450	450	450	450	450	450	450	5,400
Mobile Phones	120	120	120	120	120	120	120	120	120	120	120	120	1,440
Postage	871	871	871	871	871	871	871	871	871	871	871	871	10,455
Heat / Lights / Water	1,883	1,883	1,883	1,883	1,883	1,883	1,883	1,883	1,883	1,883	1,883	1,883	22,600
Printing	142	142	142	142	142	142	142	142	142	142	142	142	1,705
Bldg Repairs & Maint.	271	271	271	271	271	271	271	271	271	271	271	271	3,250
Equipment Maintenance	0	0	0	0	0	0	0	0	0	0	0	27,100	27,100
Janitorial Service	625	625	625	625	625	625	625	625	625	625	625	625	7,500
Temporary Help Service	213	213	213	213	213	213	213	213	213	213	213	213	2,560
Employee Develop/Train	667	667	667	667	667	667	667	667	667	667	667	667	8,000
Security Services	3,895	3,895	3,895	3,895	3,895	3,895	3,895	3,895	3,895	3,895	3,895	3,895	46,740
Other Services	1,334	1,334	1,334	1,334	1,334	1,334	1,334	1,334	1,334	1,334	1,334	1,334	16,010
Equipment Rental	833	833	833	833	833	833	833	833	833	833	833	833	10,000
Insurance	264	264	264	264	264	264	264	264	264	264	264	264	3,163
Dues / Subscriptions	190	190	190	190	190	190	190	190	190	190	190	190	2,280
<b>OPERATING TOTAL</b>	<b>28,396</b>	<b>30,421</b>	<b>30,726</b>	<b>30,941</b>	<b>31,346</b>	<b>31,346</b>	<b>31,346</b>	<b>31,346</b>	<b>31,346</b>	<b>31,346</b>	<b>31,363</b>	<b>58,463</b>	<b>398,382</b>
<b>TOTAL EXPENSES</b>	<b>62,966</b>	<b>64,991</b>	<b>65,296</b>	<b>65,511</b>	<b>65,916</b>	<b>65,916</b>	<b>65,916</b>	<b>65,916</b>	<b>65,916</b>	<b>65,916</b>	<b>65,933</b>	<b>93,033</b>	<b>813,224</b>

<b>REVENUE</b>													
State Grant	0	8,333	8,333	8,333	8,333	8,333	8,333	8,333	8,333	8,333	8,333	16,667	100,000
Client Fees	0	10,767	10,767	10,767	10,767	10,767	10,767	10,767	10,767	10,767	10,767	21,533	129,200
Medicaid Fees	0	29,153	29,153	29,153	29,153	29,153	29,153	29,153	29,153	29,153	29,153	58,305	349,830
Insurance Fees	0	792	792	792	792	792	792	792	792	792	792	1,583	9,500
Medicare Fees	0	18,838	18,838	18,838	18,838	18,838	18,838	18,838	18,838	18,838	18,838	37,677	226,061
<b>TOTAL REVENUE</b>	<b>0</b>	<b>67,883</b>	<b>67,883</b>	<b>67,883</b>	<b>67,883</b>	<b>67,883</b>	<b>67,883</b>	<b>67,883</b>	<b>67,883</b>	<b>67,883</b>	<b>67,883</b>	<b>204,231</b>	<b>814,591</b>
<b>GRAND TOTALS</b>													
EXPENSE BUDGET	62,966	64,991	65,296	65,511	65,916	65,916	65,916	65,916	65,916	65,916	65,933	93,033	813,224
REVENUE BUDGET	0	67,883	67,883	67,883	67,883	67,883	67,883	67,883	67,883	67,883	67,883	204,231	814,591
<b>DIFFERENCE</b>	<b>-62,966</b>	<b>2,892</b>	<b>2,587</b>	<b>2,372</b>	<b>1,967</b>	<b>1,967</b>	<b>1,967</b>	<b>1,967</b>	<b>1,967</b>	<b>1,967</b>	<b>1,950</b>	<b>111,198</b>	<b>1,367</b>

Revenue received after June 2011 for services performed during FY2011 are reverted back to the FY in which they were earned. This accounts for the higher revenue in June.

## Appendix

Exhibit 1. Conceptual Floor Plan for the Highland Health Center

Table 1. Highland Health Center: Staffing Plan

Exhibit 2. Highland Health Center: Job Duties

Map 1. North Carolina

Map 2. City of Gastonia and Highland Community

Map 3. Highland Health Center: Secondary Market

Table 2. Population of Highland Community and Gaston County

Table 3. Population of Highland, Gaston County, and North Carolina by Race

Table 4. Poverty Measures for the Highland Community and Gaston County

Table 5. Employment Measures for the Highland Community and Gaston County

Table 6. Education Measures for the Highland Community and Gaston County

Table 7. Mortality Rates, Highland Community, Gaston County and North Carolina, 2001-2005

Table 8. Race- and Sex-Specific, Age-Adjusted Death Rates per 100,000 Population for the Highland Community, Gaston County, and North Carolina, 2001-2005

Table 9. Measures of Prenatal Care, Highland Community, Gaston County, and North Carolina, 2001 -2005

Table 10. Percent of Gaston County Respondents who Reported...

Exhibit 3. Highland Survey Results

Table 11. Highland Health Center: Communicating to the Highland Community Before Opening

Table 12. Highland Health Center: Communicating to the Highland Community After Opening

Table 13. Highland Health Center: Communicating to Nearby Communities Before Opening

Table 14. Highland Health Center: Communicating to Nearby Communities After Opening

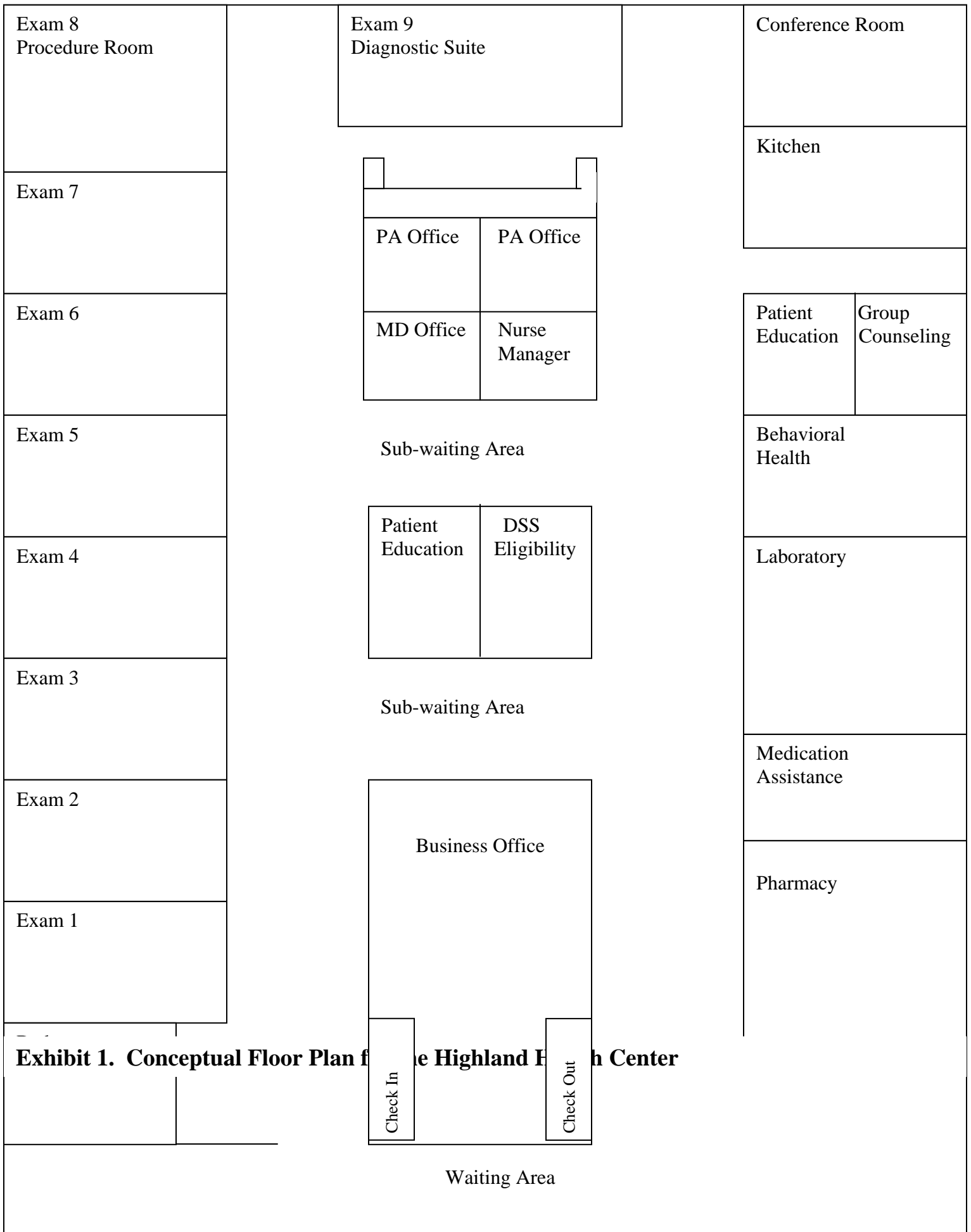
Map 4. Gaston County Medical Practices

Table 15. Reserve Account Balance by Fiscal Year

Table 16. Highland Health Center: Medical Equipment Needs

Table 17. Highland Health Center: Furniture Needs

Table 18. Sliding Fee Scale – 101% to 250% of Poverty Annual Gross Family Income



**Exhibit 1. Conceptual Floor Plan for the Highland Health Center**

<b>Table 1. Highland Health Center: Staffing Plan</b>			
<b>Position</b>	<b>FTE Year One</b>	<b>FTE Year Two</b>	<b>FTE Year Three</b>
Medical Records Clerks	2.0	2.0	2.0
Medical Office Assistant	2.0	3.0	3.0
Nurse Practitioner	1.0	1.5	2.0
Physician	0.5	1.0	1.0
Nurse Manager	1.0	1.0	1.0
Licensed Clinical Social Worker	-----	-----	1.0
Nurse Screener/Triage/ Charge Nurse	1.0	1.0	1.0
Medication Assistance Coordinator	1.0	1.0	1.0
Total HHC FTE	8.5	11.5	12.0

## **Exhibit 2. Highland Health Center: Job Duties**

### Physician

(1) Supervise, and evaluate nurse midwives, physician assistants, nurse practitioners and nurse screeners; (2) Provide medical consultation as needed; (3) Assure all services function according to best-practice policies and guidelines; (4) Research medical-related problems and maintain currency with public health issues; and, (5) Other duties deemed necessary by the Medical Director.

### Nurse Practitioner

(1) Obtain, review and interpret client medical history and records; (2) Complete physical and clinical examinations of clients, including recording and interpreting required data; (3) Choose appropriate treatment options and plans of care for clients with documentation and plan for implementing or initiating therapy; (4) Conduct individualized assessments of health care problems and choose designated diagnostic, therapeutic and preventive avenues of care; and, (5) Review records and labs daily for follow-up care of clients.

### Nurse Manager

(1) Plan, organize, delegate and supervise nursing personnel, paraprofessionals and clerical employees; (2) Make employment and termination recommendations; (3) Participate in employment interviews; (4) Mentor, evaluate, coach and counsel staff; (5) Report issues with staff performance to Administrator and Medical Director; (6) Create staff assignments based on clinic needs and client flow and adjust assignments to meet community needs; (7) Provide leadership and program planning to all staff by working closely with lead physician, Medical Director, Administrator and Health Director to attain program and organizational goals; (8) Orient new staff and provide in-service training to existing staff; (9) Administer and monitor budget and clinic spending; (10) Administer and monitor grant awards; (11) Coordinate work with other county, state and federal departments and agencies; (12) Remain current with state, federal requirements affecting the program and communicate changes to staff; (13) Collect program data, prepare statistical reports and written narratives of program activities, trends, and on unique issues affecting services; (14) Update policies, procedures, and standing orders yearly; or as changes arise; (15) Post minutes of staff meetings; (16) Meet with providers to discuss appointment panels, report clinic performance and review issues or concerns; (17) Facilitate and actively participate in committees and improvement activities; keeps progress notes and reports to Administrator, Medical Director and Health Director; (18) Attend regional meetings, updates, and workshops to ensure guidelines are followed; (19) Provide nursing care or clerical assistance during times of short staffing; (20) Serve on the HHC Quality Assurance Team, conduct quarterly audits, and report audit exceptions to the QA Coordinator and Administrator immediately; and, (21) Other such other duties as participating in yearly competence activities for staff and assisting during community emergencies – natural disasters or bio-terrorism events – by staffing shelters, providing medications, and administering vaccinations.

## **Job Duties, continued**

### Nurse Screener/Triage/Charge Nurse

(1) Perform duties of Clinic Nurse by completing screening tests such as hearing and vision, conducting domestic violence assessments, performing health histories and interviews, providing client/family education, immunizations, treatments, and assisting with procedures; (2) Perform duties of Triage Nurse by returning phone calls from clients, assessing problems, providing medical advice per RN Standing Orders, and by triaging walk-ins; (3) Perform duties of Charge Nurse by assessing and directing clinic flow, problem-solving, delegating duties and tasks to appropriate staff, making referrals to specialists, reviewing charts for complete documentation, reviewing encounter forms for accurate coding to ensure accurate billing of services rendered, and helping schedule clinic staff covering all clinical areas; (4) Maintain follow-up of missed appointments and needed services, contacts clients via phone or mail, advises of recommended plan of care, makes any needed follow-up appointments and documents in chart; (5) Participate in monthly and/or quarterly record audits and quality assurance activities; (6) Collaborate and communicate with co-workers, medical providers supervisor, administrator, and those from other departments to ensure best practices; (7) Coordinate care for clients, collaborate with providers to assure appropriate care, make referrals of high-risk clients to outside providers, and manage their care to ensure timely follow-up; (8) Apply knowledge of state contracts, Medicaid/Medicare requirements, program policies, procedures, and other guidelines for programs in which the nurse works; (9) Participate in orienting and mentoring new staff and completes competency check-off; (10) Investigate all suspected and confirmed communicable diseases in the clinic or community; (11) Function as a nurse screener, perform screening exams for established clients, complete health histories, conduct patient education, and provide immunizations and/or medications, per RN Standing Orders; (12) Develop standing orders, clinic policies and procedures with the assistance of the program supervisor, and program operating policies necessary for agency accreditation; (13) Organize and lead team meetings and facilitate work of the team; (14) Orient and provide updates to clerical and nursing staff, and coordinate the workload of nursing and support staff that participate in pilot projects and grant activities; (15) Coordinate work assignments with Licensed Practical Nurses and Medical Record Clerks; (16) Participate in yearly competency activities for staff and nursing licensure requirements; (17) Assist the community during emergencies such as natural disasters or bio-terrorism events by delivering such field services as: staffing shelters, providing medications, and providing vaccinations.

### QA Coordinator

(1) Monitor Quality Improvement indicators for medical programs by observing medical/nursing staff for compliance with Medicaid, Medicare, CLIA, and OSHA guidelines; (2) Audit records to assure compliance with state and federal regulations, contracts, etc.; report audit findings and out-of-compliance issues to Administration and Medical Director; Work with nurse manager to prepare and execute corrective action plan (CAP) and updates Administrator and Medical Director on progress; (3) Develop and analyze statistical reports and provide recommendations to Administrator and Medical Director on how to improve the quantitative management of clinical services; and, (4) Communicate with IT and participate in data development for ongoing program planning.



## **Job Duties, continued**

### Licensed Clinical Social Worker

(1) Provide psychosocial assessments of client and families to identify emotional, social and environmental strengths and problems related to their diagnosis, illness, treatment, and life situation; (2) Formulate and implement a comprehensive plan using appropriate treatments and interventions; (3) Educate clients and families on client adaptation to diagnosis, illness, treatment, or life situation; (4) Protect client's right to confidentiality; (5) Assist medical providers with screening, identification, diagnosis, management, and treatment of abuse, neglect, and domestic violence; (6) Provide consultative services to health care team members within the scope of care definitions as needed, and train other health care professionals as appropriate; (7) Attend and participate in staff and other administrative meetings; and, (8) Complete other duties and tasks as needed.

### Medication Assistance Coordinator

(1) Provide guidance and training to site workers; (2) Understand the Medicare Part D program; (3) Plan, staff, and publicize Low Income Subsidy enrollment for eligible seniors; (4) Fulfill contractual obligations and performance measures of the grant contract; (5) Maintain staffing levels, using paid part-time staff and volunteers while maintaining employee records; (6) Conduct staff and volunteer training and evaluations; (7) Teach program policies to staff and volunteers; (8) Assure clients understand program operations; and, (9) Work with Pharmacy staff to ensure timely delivery of medications.

### Medical Office Assistant

(1) Serve as a liaison between providers and clients; (2) Take phone calls from clients who have questions, prescription requests and other needs – if needed, refer the questions to providers; clear phone messages; (3) Explain treatment procedures to clients; (4) Instruct clients about medication and special diets; (5) Make follow-up calls to clients, as needed; (6) Check client's medical history, take vital signs, obtain laboratory specimens, give injections and assist in procedures as directed; (7) Prepare clients for examination and document all client information; (8) Perform selected tests to help with diagnosis and treatment; (9) Assist providers during examinations, as directed by the provider; (10) Assist in the inventory and control of medical supplies and equipment and assure general cleanliness of the area; and, (11) Complete other duties and tasks as needed.

### Medical Records Clerk

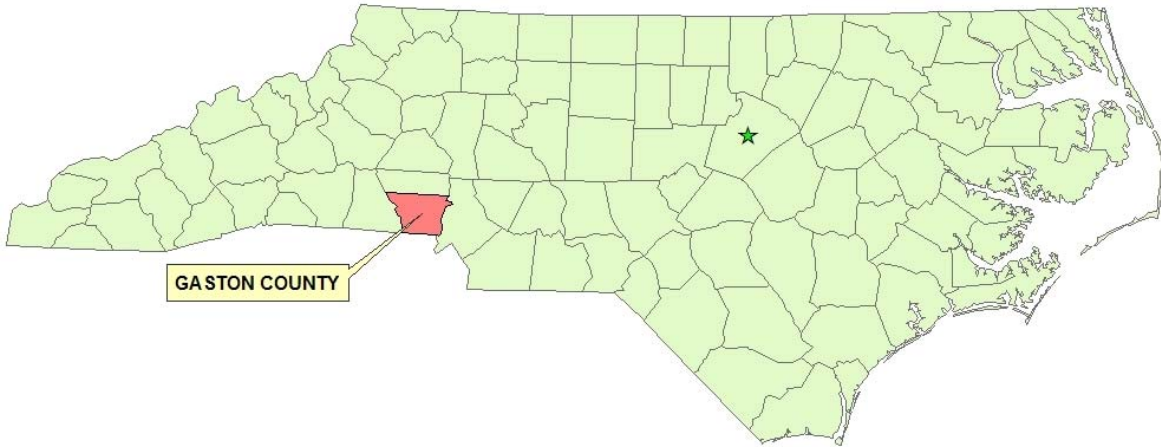
(1) Conduct duty rotations including: reception desk, check clients in and out, make appointments, answer client questions; (2) Answer the triage line during normal work hours; (3) Process medical records and add visit forms for the providers; (4) Complete assigned follow-up, make appointments and reminder calls, mail Gaston Memorial Hospital Requests of Information, and call doctor's offices to make client referral appointments, to ensure referral appointments are kept, and to identify missed appointments; document the actions in the medical record; (5) File lab work, medical records, Emergency Department records, and other documentation; (6) Enter encounters for clinic visits; (7) Complete clinic balance report; (8) Enter Carolina Access information, verify Medicaid and other patient information, reimbursement sources, and sliding fee scale information; and, (9) Complete other duties and tasks as needed.

## **Job Duties, continued**

### Billing Specialist

(1) Review Medicare subscriber information for accuracy and ensure required billing information is entered in the computer for electronic and paper billings to Medicare and Medicare; (2) Follow-up and resolve all denied Medicare claims by correcting claims data, subscriber information, and other payer information, which may require additional information from the clinical area, the client, and/or billing guidelines; (3) Post all payments received (electronically and manually) to each client account, adjusting any non-covered charges, and billing any remaining balance to Medicaid, insurance, or the client; (4) Reconcile Medicare payments with posting reports and forward all payment and/or recoup information to Accounting; Print Medicare Remittance Advice Notices, via PC Print and Medicare Easy Remit Software, as required for payment processing, denials, and third party payer notification; (5) Follow-up on credit balances for Medicare, Insurance, and Self-pay to determine if refund is due and submit payment correction requests for account posting errors, creating credit balances; (6) Prepare and post Medicare, insurance and self-pay refund requests; (7) Mail Medicare and insurance refund checks, and any related documents, to the appropriate party; (8) Prepare and mail Quarterly Reports to the appropriate state and federal sources; (9) Help clients and personnel with requested information on client accounts and billing matters; (10) Maintain files containing client information and any related billing documentation received in the Accounting Office.

# MAP 1: NORTH CAROLINA

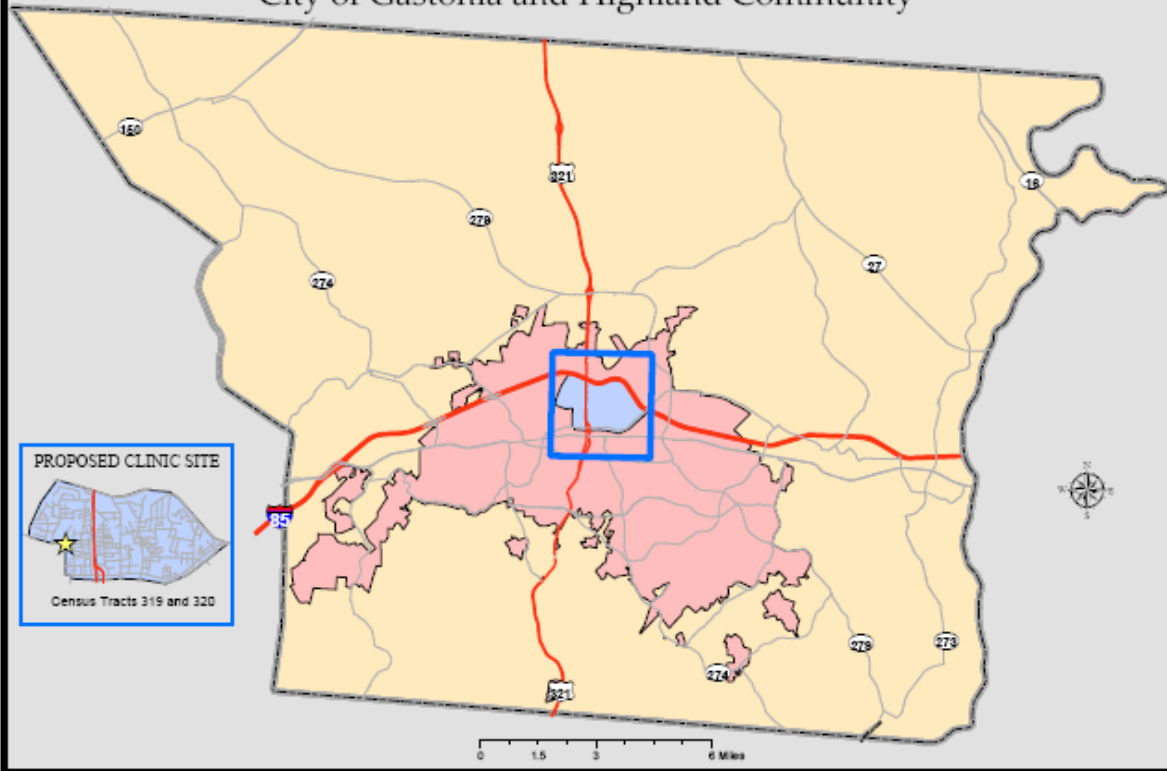


GASTON COUNTY

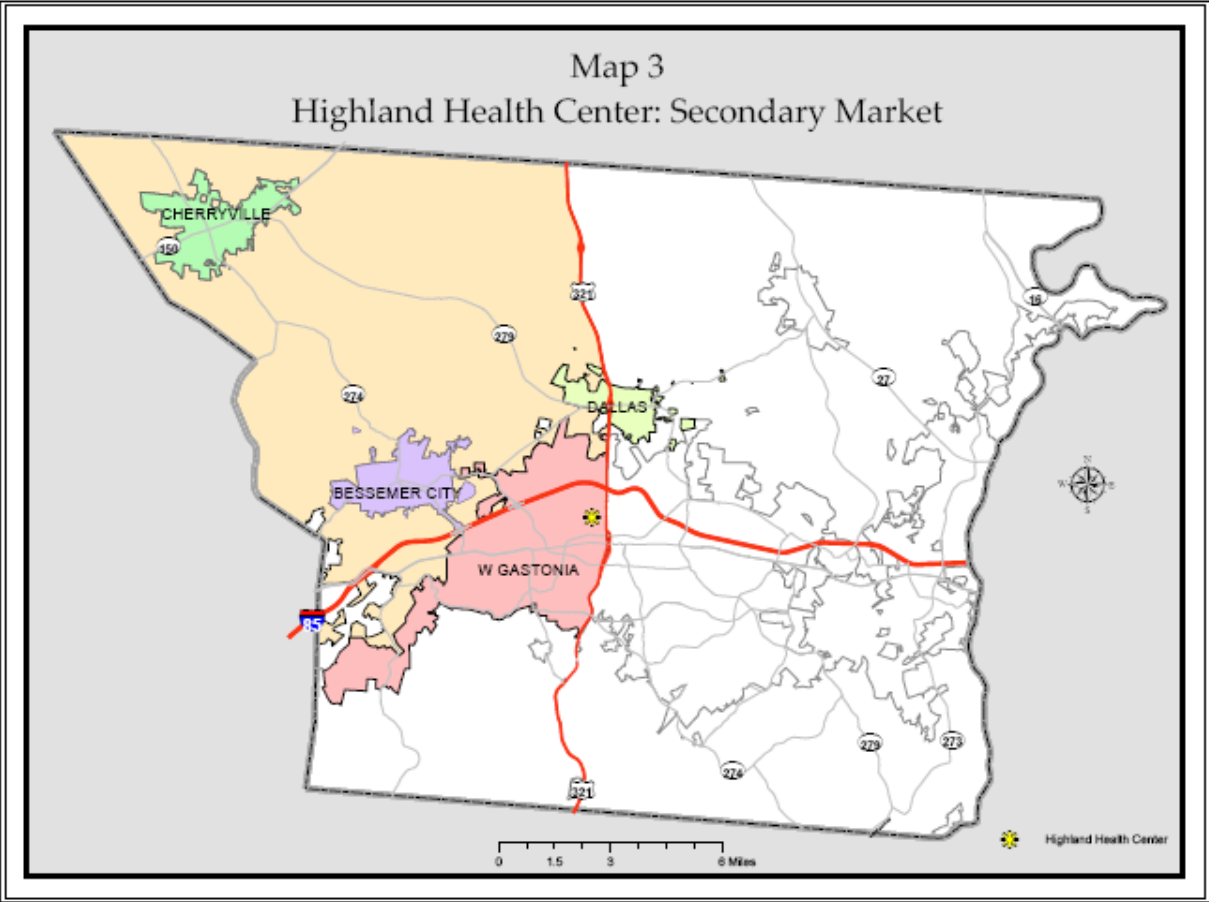
★ Raleigh



Map 2  
City of Gastonia and Highland Community



Map 3  
Highland Health Center: Secondary Market



Age Range	Highland Community				Gaston County			
	Males	Females	Total	Percent	Males	Females	Total	Percent
<5	214	220	434	7.6	6354	6,325	12,679	6.7
5-9	241	209	450	7.9	6947	6,557	13,504	7.1
10-14	248	229	477	8.4	6771	6,538	13,309	7.0
15-19	221	179	400	7.0	6005	5,814	11,819	6.2
20-24	186	185	371	6.5	5671	5,592	11,263	5.9
25-34	408	373	781	13.7	14,389	14,464	28,853	15.1
35-44	417	433	850	14.9	15,059	15,184	30,243	15.9
45-64	525	634	1,159	20.3	21,644	23,066	44,710	23.5
65+	269	517	786	13.7	9,254	14,731	23,985	12.7
Totals	2,729 47.8%	2,979 52.2%	5,708	100.0	92,094 48.2%	98,271 51.8%	190,365	100.0

Source: 2000 Census

Race	Highland		Gaston County		North Carolina	
	Number	Percent	Number	Percent	Number	Percent
African American	4142	72.6%	26,405	13.9%	1,737,545	21.6%
White	1467	25.7%	157,965	83.0%	5,804,656	72.1%
Other	99	1.7%	5,995	3.1%	507,112	6.3%
Total	5708		190,365		8,049,313	

Source: 2000 Census

Measures	Highland Community		Gaston County
	Tract 319	Tract 320	
Individuals Below 100% of Poverty Level	36.3%	21.7%	10.9%
Individuals Below 200% of Poverty Level	64.1%	48.1%	28.0%
Families Below the Poverty Level			
Total	32.0%	17.7%	8.3%
With related children under age 18	48.2%	47.7%	12.5%
With related children under age 5	47.4%	43.0%	14.7%
Individuals Under the Poverty Level			
Age 18 and older	30.1%	19.1%	9.6%
Age 65 and older	22.1%	25.3%	11.1%
Median Household Income	\$15,802	\$25,974	\$39,482
Median Family Income	\$18,884	\$28,819	\$46,271

Source: Census 2000

Measures	Highland Community		Gaston County
	Tract 319	Tract 320	
Population	2,642	2,573	186,991
Employed Civilians, Males and Females			
Ages 20-24	41.6%	40.0%	68.7%
Ages 25-54	48.0%	54.9%	76.8%
Ages 55-59	59.1%	27.3%	66.7%
Ages 60-64	42.5%	9.0%	45.2%

Source: Census 2000

Measures	Highland Community		Gaston County
	Tract 319	Tract 320	
Population	2,642	2,573	186,991
Education completed			
<9 <sup>th</sup> grade	18.7%	14.4%	9.7%
9-12 <sup>th</sup> grade	21.8%	33.0%	18.9%
HS Graduate	33.2%	27.0%	29.6%
Some College / No Degree	17.5%	14.3%	21.3%
Associate's Degree	2.8%	5.6%	6.4%
Bachelor's Degree	5.0%	4.0%	10.3%
Grad. School / Professional Degree	1.0%	1.5%	3.8%

Source: Census 200

Area	Female		Male		Overall
	White	Minority	White	Minority	
Highland*	--	--	--	--	1054.2
Gaston County	846.4	868.6	1192.1	1397.3	1009.6
North Carolina	722.2	867.9	1027.6	1313.8	895.5

Source: NC State Center for Health Statistics

\* The rate for the Highland Community was extrapolated from Gaston County data.

**Table 8. Race- and Sex-Specific, Age-Adjusted Death Rates per 100,000 Population, for the Highland Community, Gaston County, and North Carolina, 2001-05**

Leading Causes of Death	Highland*	Gaston County			NC
		White	Minority	Total	
All Causes	1054.2	998.9	1073.4	1009.6	895.5
1- Diseases of Heart	269.7	260.1	273.1	261.9	226.8
2- Cancer	201.7	212.5	198.0	211.2	197.7
3- Cerebrovascular Disease	68.2	56.0	72.4	58.0	64.7
4- Chronic Lower Respiratory Diseases	39.3	64.8	30.5	61.5	46.9
5- All Other Unintentional Injuries	27.5	38.3	23.9	36.0	26.0
6- Diabetes Mellitus	58.5	25.1	70.2	29.7	27.6
7- Pneumonia and Influenza	25.5	29.7	24.1	29.1	23.3
8- Nephritis, Nephrotic Syndrome, Nephrosis	32.9	15.4	39.1	17.9	17.9
9- Unintentional Motor Vehicle Injuries	16.3	18.0	15.8	17.7	19.3
10- Suicide	9.2	17.4	6.3	15.9	11.6

Source: NC State Center for Health Statistics

\* Rates for the Highland Community were extrapolated from Gaston County data.

**Table 9. Measures of Prenatal Care, Highland Community, Gaston County, and North Carolina, 2001-2005**

Measure	White	Minority	Total
Infant Death Rates per 1,000 Live Births			
• North Carolina	6.1	14.7	8.5
• Gaston County	7.4	15.2	8.8
• Highland Community*	--	--	13.2
Pregnancy Rates, Girls Ages 15-17			
• North Carolina	29.2	53.6	37.2
• Gaston County	35.4	57.8	40.2
• Highland Community*	--	--	52.0
Percent of Women who Received First Trimester Prenatal Care			
• North Carolina	86.1%	76.5%	83.5%
• Gaston County	79.6%	70.1%	78.0%
• Highland Community*	--	--	72.5

Source: NC Center for Health Statistics

\* Rates for the Highland Community were extrapolated from Gaston County data.



<b>Table 10. Percent of Gaston County respondents who Reported...</b>	<b>Whites</b>	<b>Others</b>
Employed for wages and not having health insurance	12.7%	31.0%
Needing and unable to see a physician in the past 12 months because of cost	12.2%	24.3%
Not having one person they could think of as their doctor / health care provider	12.7%	29.6%
Their physical health was not good for 8-29 days in the past 30 days	6.2%	13.5%
Poor physical or mental health kept them from doing usual activities for 8-29 days in the past 30 days	3.5%	5.2%
Being hospitalized / having an emergency visit in past year because of diabetes	3.9%	26.1%
A history of heart disease, coronary heart disease, stroke	12.0%	20.7%
All of their teeth were removed because of tooth decay or gum diseases	9.3%	13.8%
Having taken a course or class on how to manage their diabetes	72.2%	39.7%
Have never had a breast exam (female respondents)	7.9%	33.6%
Have never had a mammography (female respondents)	29.2%	61.6%
Consuming five or more alcoholic drinks on any occasion in the past 30 days	20.7%	34.5%

Source: 2006, NC Behavioral Risk Factor Surveillance Survey

## Exhibit 3. Highland Survey Results

### Gaston County Health Department

### Highland Community Survey

April 25, 2007

Survey Participants - 184

#### 1. Respondent's gender

47/26.4% a. male  
131/73.6% b. female

#### 2. Are you between ages

15/8.3%	a. 18-24	32/17.8%	e. 55 - 64
32/17.8%	b. 25 - 34	15/8.3%	f. 65 - 74
22/12.2%	c. 35 - 44	25/13.9%	g. 75 & older
39/21.7%	d. 45 - 54		

#### 3. What is your current employment status:

49/26.3%	a. retired
36/19.4%	b. employed full-time
14/7.5%	c. employed part-time
70/37.6%	d. unemployed
10/5.4%	e. full-or part-time student
7/3.8%	f. stay-at-home parent or guardian

#### 4. What kind of health insurance do you have:

40/19.9%	a. none
41/20.4%	b. insurance from my employer
0/0%	c. insurance I purchase
59/29.4%	d. Medicaid
61/30.3%	e. Medicare
	f. Other:
	Disability (9)
	Spouse's insurance (7)
	Blue Cross & Blue Shield (4)
	AARP (3)
	Social Security (2)

#### 5. Do you think the Highland Community needs a Health Care Center?

175/97.8% Yes, Why

- Transportation/Distance (25)
- Because lot of people do not have cars or transportation to get back and forth (1)
- Takes long time to get to clinic (1)
- Closer location (31)
- Location, more convenient (4)
- Closer; there is a need here (1)
- Lots of sick people live here without families and Hudson Blvd. is too far away (1)
- Convenience(15)
- Convenience - low income (1)
- Convenience for residents, needed for elderly, schools nearby, single-parents (1)
- Elderly (9)

A lot of elderly, single-parent homes in the area (1)  
 More senior citizens in this area without cars (1)  
 Lots of old people and need help from time to time and lot of us live alone and need someone to check on (1)  
 Local Needs (19)  
 Because drugs, prostitution, STD's (2)  
 Lot of sick people in area (1)  
 Poor we need something (1)  
 Young People Issues (9)  
 A lot of young people that need health care (3)  
 The young folks need it- testing and education (1)  
 Health Department Issues (8)  
 Hudson is overcrowded services need to be separate (2)  
 People won't go to Hudson (1)  
 Use to have Health Department and now we don't have anything (1)  
Other (3)  
 People not able to get out (1)  
 No, Why not  
 Because there is no need (1)  
 Too dangerous (1)

4/2.2%

**6. Do you think Highland Community residents would use? (Check all that apply)**

171/95.5% a. Prenatal Care for Pregnant Women  
 173/96.6% b. Well-Baby Care  
 175/97.7% c. Sick-Baby Care  
 172/96% d. Treatment for Sexually Transmitted Diseases and HIV  
 173/96.6% e. Family Planning or Birth Control  
 173/96.6% f. A Pharmacy  
 179/100% g. Medical Care from a Family Doctor  
 h. Are there any other services people would use?  
Other Services (39)  
 A Dental clinic (19)  
 Eye care (6)  
 All of it (4)  
 Emergency services (4)  
 Elderly care (4)  
 A pharmacy (3)  
 Diabetes education (3)  
 Mammogram (2)  
 WIC (2)  
 Change phone services from what is currently offered at Health Department (1)  
 Exercise classes (1)  
 Internal medicine doctors (1)  
 Kidney doctor (1)  
 Mental health help (1)  
 No transportation if not on medical (1)  
 Nutrition classes for young girls (1)  
 Services for alcoholics and addicts (1)  
 Teen pregnancy (1)  
 Weight loss classes (1)

**7. In your opinion, what would be the best days and hours for a Health Care Center to be open in the Highland Community?**

- 65/34% a. Monday to Friday, with typical business hours, like 8 to 5  
48/25.1% b. Monday to Friday, opening at 10 in the morning and staying open until 7 in the evening  
72/37.7% c. Monday to Thursday, from 8 in the morning to 5 in the afternoon and with hours on Saturdays mornings  
6/3.1% d. Other:  
10-7 MF with some Saturdays (1)  
Also on Saturday and walk in for minor emergencies (1)  
Last choice would give third shifters ability to go (1)

**8. In your opinion, what would be the best location for a Health Care Center in the Highland Community?**

- 107/58.1% a. On the west side, near the old Gaston Memorial Hospital  
44/23.9% b. Near Route 321, between I-85 and Airline Avenue  
26/14.1% c. On the east side, near Marietta Street  
7/3.8% d. Other:  
Old Arlington school (1)  
Sub-divisions located in neighborhoods (1)

**9. If we built a Health Care Center, why do you think Highland Community residents might not use it?**

- 42/36.2% a. Costs too much  
13/11.2% b. Hours aren't convenient  
20/17.3% c. People don't like going to government agencies for health care  
19/16.4% d. People get health care from other places  
22/19.0% e. People think the quality of health department care is not good  
f. Other:  
No reason (32)  
Wait for appointments too long (9)  
A stigma attached to using Health Department (3)  
Hard to get appointment (3)  
If they had their own Doctor (3)  
If they have insurance (2)  
But Healthcare is the best idea to help this community (1)  
Dangerous location (1)  
Depend on price (1)  
People will use it if you build it (1)

**10. If we built the Health Care Center in the Highland Community, what might get people to use it?**

- Location (28)  
Advertise (26)  
Convenience (26)  
Build it they will come (12)  
Flyers (8)  
Community awareness (5)  
No money to go elsewhere (4)  
Churches, community awareness (3)  
Low cost (3)  
Accessible to everybody (2)  
Dental care (2)

- General healthcare (2)
- Get word out about location and hours (2)
- Being good to them, willing to help, not feel ashamed to use the health care (1)
- No money to go elsewhere (1)
- Prompt care-wait too long (1)
- Quality care (1)
- Safety and confidentiality and it's close (1)
- Sick visits, general health (1)
- Single mothers and babies need care and good location (1)
- The people already using the current GCHD would come (1)

**11. Would you use a Health Care Center in the Highland Community?**

162/90.5%

**a. Yes, Why?**

- Convenience and location (58)
- Cost - convenience good care (14)
- For numerous reasons to maintain good health (4)
- Dental care (4)
- Quality care (3)
- If I'm sick I Know its there (2)

17/9.5%

**b. No, Why Not?**

- Have a family doctor (8)
- Have insurance (2)

**12. How often do you use the Health Department?**

- |            |                 |
|------------|-----------------|
| 1 (0.5%)   | a. Once a week  |
| 36 (19.9%) | b. Once a month |
| 47 (26%)   | c. Once a year  |
| 97 (53.6%) | d. Never        |

**13. How often do you use Gaston Memorial Hospital?**

- |            |                 |
|------------|-----------------|
| 15 (7.5%)  | a. Once a week  |
| 15 (7.5%)  | b. Once a month |
| 85 (42.7%) | c. Once a year  |
| 84 (42.2%) | d. Never        |

**14. How often do you use Gaston Family Health Services?**

- |             |                 |
|-------------|-----------------|
| 2 (1.1%)    | a. Once a week  |
| 31 (17.0%)  | b. Once a month |
| 30 (16.5%)  | c. Once a year  |
| 119 (65.4%) | d. Never        |

<b>Table 11. Highland Health Center: Communicating to the Highland Community Before Opening</b>	
<b>Cost Messages</b>	Your health is our first concern The fees we charge will be based on your situation and your ability to pay We'll take private insurance, Medicare, and Medicaid We'll never turn you away
<b>Convenience Messages</b>	We're coming home to Highland We'll be on the bus line (Routes 3 and 3A) We will be open on Monday through Thursday from 10AM to 8PM and on Saturdays from 9AM to 1PM You'll have the choice of making appointments or walking-in We'll be delivering high quality care in your neighborhood
<b>Service Messages</b>	We'll provide care for well and sick babies, children, teens, adults, and seniors We'll provide urgent care and treat minor accidents We'll give shots for clients of all ages: from infants to seniors We'll make referrals to specialists We'll do laboratory testing We'll provide services and education to help you prevent disease and become healthier
<b>Respect and Compassion Messages</b>	Your health and comfort will be our first concern We will have competent, caring, and warm staff ... we'll be friendly, we'll listen, and we'll follow through
<b>Channels and Activities</b>	
<b>Schedule</b>	
Put a sign at the site with a drawing of the facility and an anticipated opening date	At groundbreaking - 12 months before opening
Install a storyboard/brochures at City Hall, DSS, and the Courthouse w/construction phases	12 months before opening
Send press releases to radio stations, TV stations, and newspapers on key operating milestones (English and Spanish)	12 months before opening
Send newsletter-ready-articles to churches, daycares, community groups, schools, and Gaston Memorial Hospital (English and Spanish)	12 months before opening and as needed
Present key milestones on County Government cable access channel	As needed, start with groundbreaking
Launch Highland Health Center website	120 days before opening
Meet with the Continuum of Care Network to prepare them to refer homeless individuals	90 days before opening
Print brochures, posters, and flyers (English and Spanish)	90 days before opening
Orient Gastonia City Police to HHC and have them distribute brochures	12 months before and 90 days before opening
Install posters or flyers at community centers, churches, school, daycare centers, libraries	90 days before opening
Present HHC to civic organizations	90 and 30 days before opening
Present HHC to Community Watch Groups	12 months, 90, 60, and 30 days before opening
Print invitations to the grand opening	45 days before opening
Mail brochures and opening invitations to Highland residents	30 days before opening
Install billboards on Rte. 321	60 days before opening
Update billboards on Rte. 321	30 days before opening
Make patient appointments	30 days before opening
Mailing to GCHD and GFHS clients living in Highland suggesting use of HHC	30 days before opening
Install HHC directional signs on Route 321 (City of Gastonia)	30 days before opening
Go door-to-door in Highland to distribute invitations	14 -21 days before opening
Grand Opening Invite local VIPs	Grand Opening

Secure a prominent speaker Ribbon cutting Conduct facility tours Conduct health fair and disease screenings Make patient appointments Serve food Sponsor Basketball Tournament / Highland Games at Erwin Center	
---	--

**Table 12. Highland Health Center: Communicating to the Highland Community After Opening**

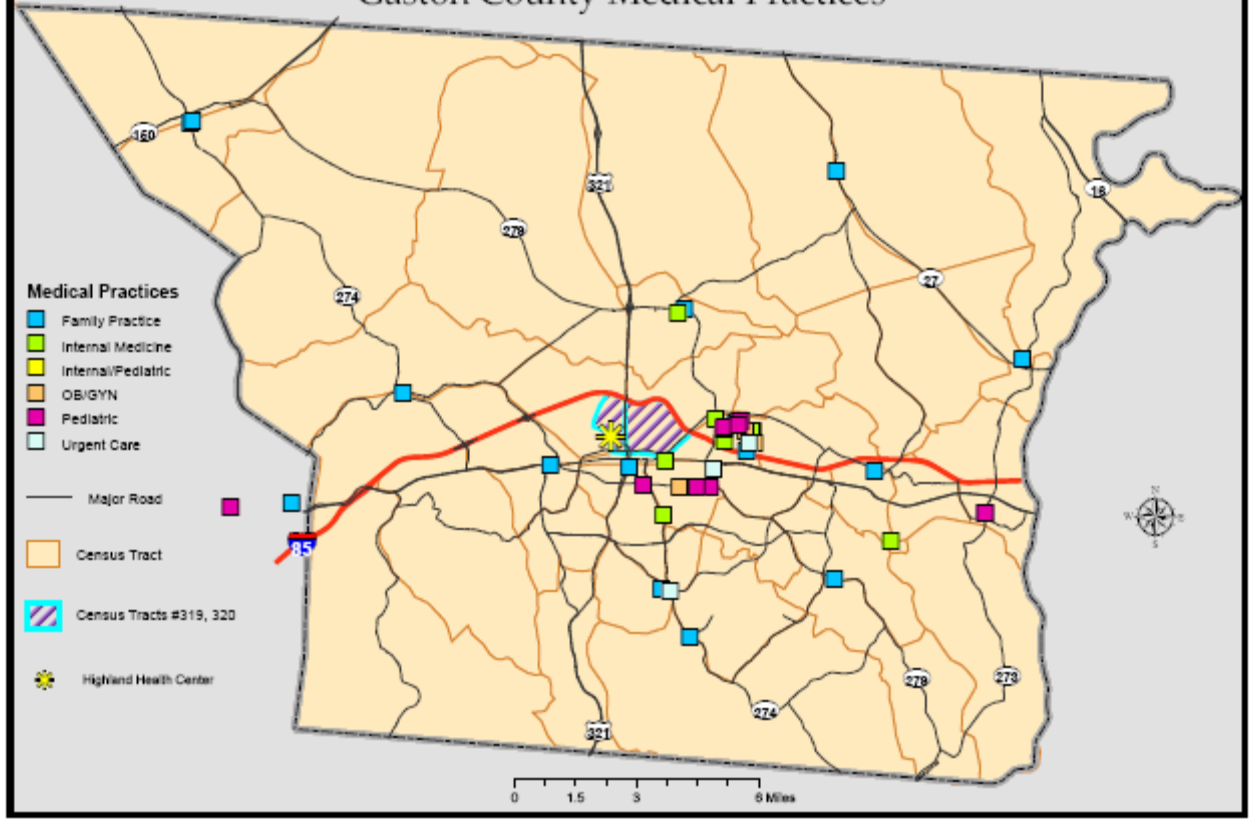
<b>Cost Messages</b>	Your health is our first concern The fees we charge will be based on your situation and your ability to pay We take private insurance, Medicare, and Medicaid We never turn clients away
<b>Convenience Messages</b>	We are operating in Highland We provide high quality care in your neighborhood We're on the bus line (Routes 3 and 3A) We are open on Monday through Thursday from 10AM to 8PM and on Saturdays from 9AM to 1PM You have the choice of making appointments or walking-in
<b>Service Messages</b>	We treat well and sick babies, children, teens, adults, and seniors We provide urgent care and treat minor accidents We give shots for clients of all ages: from infants to seniors We refer clients to specialists We do laboratory testing We provide services and education to help you avoid disease and become healthier
<b>Respect and Compassion Messages</b>	Your health and comfort are our first concern We have a competent, caring, and warm staff ... we're friendly, we listen, and we follow through
<b>Channels and Activities</b>	
	<b>Schedule</b>
Print HHC operating brochures (English and Spanish)	10 days before open
Put HHC brochures at City Hall, DSS, the Courthouse and libraries	Quarterly
Put HHC brochures at Highland community centers, churches, schools, and daycares (English and Spanish)	Quarterly
Send press releases to radio stations, TV stations, and newspapers on key operating milestones (English and Spanish)	As needed
Send newsletter-ready articles on operating milestones to churches, daycares, community groups, schools, and Gaston Memorial Hospital (English and Spanish)	As needed
Update Highland Health Center website	As needed
Re-orient Gastonia City Police to HHC and have them distribute brochures	Quarterly
Present HHC to civic organizations and Community Watch Groups	As invited

<b>Table 13. Highland Health Center: Communicating to Nearby Communities Before Opening</b> Target: Dallas, Bessemer City, Cherryville, West Gastonia, Unincorporated Gaston County		
<b>Cost Messages</b>	Your health is our first concern The fees we charge will be based on your situation and your ability to pay We'll never turn you away We'll take private insurance, Medicare, and Medicaid	
<b>Convenience Messages</b>	The Highland Health Center will be a service for all Gaston County residents We'll be on the bus line (Routes 3 and 3A) We will be open on Monday through Thursday from 10AM to 8PM and on Saturdays from 9AM to 1PM You'll have the choice of making appointments or walking-in We'll watch your children while you see our providers	
<b>Service Messages</b>	We'll provide care for well and sick babies, children, teens, adults, and seniors We'll provide urgent care and treat minor accidents We'll give shots for clients of all ages: from infants to seniors We'll make referrals to specialists We'll do laboratory testing We'll provide services and education to help you prevent disease and become healthier	
<b>Respect and Compassion Messages</b>	Your health and comfort are our first concern We will have competent, caring, and warm staff ... we'll be friendly, we'll listen, and we'll follow through	
<b>Channels and Activities</b>		<b>Schedule</b>
Install a storyboard/brochures at City Halls in these communities		At groundbreaking - 12 months before opening
Send newsletter-ready-articles to area churches, daycares, community groups, and schools		12 months before opening and as needed
Orient Police to HHC and have them distribute brochures		12 months before and 90 days before opening
Print brochures (nearby community version), posters, and flyers		90 days before opening
Install posters or flyers at community centers, churches, school, daycare centers, libraries		90 days before opening
Present HHC to civic organizations		90 and 30 days before opening
Print flyers inviting residents to the grand opening		45 days before opening
Install billboards on Rte. 279 (Cherryville and Dallas) and 274 (Bessemer City)		60 days before opening
Update billboards on Rte. 279 (Cherryville and Dallas) and 274 (Bessemer City)		30 days before opening
Make patient appointments		30 days before opening
Mailing to GCHD and GFHS clients living w/in target areas suggesting use of HHC		30 days before opening



<b>Table 14. Highland Health Center: Communicating to Nearby Communities After Opening</b> Target Dallas, Bessemer City, Cherryville, West Gastonia, Unincorporated Gaston County	
<b>Cost Messages</b>	Your health is our first concern The fees we charge are based on your situation and your ability to pay We take private insurance, Medicare, and Medicaid
<b>Convenience Messages</b>	The Highland Health Center will be a service for all Gaston County residents We're on the bus line (Routes 3 and 3A) We are open on Monday through Thursday from 10AM to 8PM and on Saturdays from 9AM to 1PM You have the choice of making appointments or walking-in
<b>Service Messages</b>	We provide care for well and sick babies, children, teens, adults, and seniors We provide urgent care and treat minor accidents We give shots for clients of all ages: from infants to seniors We make referrals to specialists We do laboratory testing We provide services and education to help you prevent disease and become healthier
<b>Respect and Compassion Messages</b>	Your health and comfort are our first concern We have competent, caring, and warm staff ... we're friendly, we listen, and we follow through
<b>Channels and Activities</b>	
	<b>Schedule</b>
Print HHC operating brochures	10 days before open
Put HHC brochures at target area City Halls and libraries	Quarterly
Put HHC brochures at area community centers, churches, schools, and daycares	Quarterly
Send press releases to weekly newspapers on key operating milestones	As needed
Send newsletter-ready articles on operating milestones to churches, daycares, community groups, and schools	As needed
Re-orient Police to HHC and have them distribute brochures	Quarterly
Present HHC to civic organizations and Community Watch Groups	As invited

Map 4  
Gaston County Medical Practices



**Table 15. Reserve Account Balance by Fiscal Year**

<b>FY Period Ending</b>	<b>Deposit</b>	<b>Total Balance</b>
2010	\$961,570	\$961,570
2011	\$1,367	\$962,937
2012	\$52,982	\$1,015,919
2013	\$70,349	\$1,086,268
2014	\$38,097	\$1,124,365
2015	\$2,963	\$1,127,328

The reserve account will be used to establish a one-year operating contingency fund. Funds in excess of a one-year contingency fund will be used for future renovations and to expand uncompensated care services.

**Table 16. Highland Health Center: Medical Equipment Needs**

DESCRIPTION OF MEDICAL NEEDS	COST	QTY.	EXTENDED COST
Adult Digital Scales	\$500	1	\$500
Autoclave/Sterilizer	\$9,000	1	\$9,000
Baby Board	\$325	1	\$325
Biohazard waste receptacles for exam rooms	\$300	9	\$2,700
Blood Analyzer Hemoglobin A1C	\$1,600	1	\$1,600
CBC Analyzer	\$18,000	1	\$18,000
Centrifuge	\$800	1	\$800
Colposcopy	\$5,000	2	\$10,000
Doppler	\$800	2	\$1,600
Drawing Chair	\$500	1	\$500
EKG Machine	\$3,500	1	\$3,500
Exam Lights	\$300	9	\$2,700
Exam Tables (Power – GYN & Geriatric)	\$8,000	6	\$48,000
Extra Large Wheelchair	\$2,500	1	\$2,500
Fetal Monitor	\$2,500	2	\$5,000
Freezer	\$1,000	1	\$1,000
Hand-held Pulse Ox	\$500	3	\$1,500
IV Poles	\$300	2	\$600
IV Pump	\$1,000	1	\$1,000
Medication Cart (Lockable)	\$2,000	1	\$2,000
Microscope	\$600	1	\$600
Nebulizer	\$115	2	\$230
Otoacoustic Emissions (OAE) Hearing Screener	\$4,500	1	\$4,500
Pediatric Digital Scales	\$200	1	\$200
Pediatric Exam Table	\$1,500	3	\$4,500
Portable Suction	\$650	1	\$650
Refrigerator with alarm	\$9,000	1	\$9,000
Spirometer	\$1,500	2	\$3,000
Stadiometer	\$100	1	\$100
Stocked Emergency Cart (Adult)	\$3,800	1	\$3,800
Stocked Emergency Cart (Pediatric)	\$5,000	2	\$10,000
Storage Cabinet – drugs	\$1,500	1	\$1,500
Stretcher	\$1,000	1	\$1,000
Thermoscan Thermometers	\$150	4	\$600
Treatment Cart	\$2,500	1	\$2,500
Ultrasound Machine	\$45,000	1	\$45,000
Urine Analyzer	\$10,000	1	\$10,000
Vision Screening	\$1,500	1	\$1,500
Wall Diagnostics (Otoscope & ophthalmoscope)	\$825	9	\$7,425
Wheelchair	\$1,500	1	\$1,500
X-Ray + Processor	\$180,000	1	\$180,000
Start-up stock medical supplies	\$50,000	N/A	\$50,000
Unanticipated Medical Equipment/Furniture	\$200,000	N/A	\$200,000
<b>TOTAL:</b>	<b>\$579,365</b>		<b>\$650,430</b>

**Table 17. Highland Health Center: Furniture Needs**

DESCRIPTION OF GENERAL NEEDS	COST	QTY.	EXTENDED COST
36" television with built in DVD player	\$1,000	1	\$1,000
Bookcase	\$1,500	3	\$4,500
Bus Shelter	\$10,000	1	\$10,000
Cash Box	\$80	2	\$160
Commercial Fax Machine	\$575	1	\$575
Commercial PC Tablets/Notebooks with docking stations	\$2,500	3	\$7,500
Commercial Phone System: 1 multiline switchboard with 7 single line units	\$12,000	1	\$12,000
Computers	\$1,200	7	\$8,400
Cubicle Unit Chairs	\$300	3	\$900
Cubicle Units	\$2,500	3	\$7,500
Electronic Signature Pads (Interlink)	\$370	2	\$740
File Cabinets	\$1,400	3	\$4,200
Folding chairs	\$75	30	\$2,250
Folding Tables	\$100	5	\$500
Full Facility blinds and window treatments	\$30,000	1	\$30,000
Heavy Duty Waste Receptacles with Ashtray	\$500	4	\$2,000
Highspeed Scanner	\$900	2	\$1,800
In Ceiling Projector System	\$8,000	1	\$8,000
Laminator	\$450	1	\$450
Laser Jet Printer	\$500	1	\$500
Misc. Décor	\$20,000	1	\$20,000
Mobile Video Cart	\$400	1	\$400
Office Desk Chairs	\$300	4	\$1,200
Office Desks	\$1,500	4	\$6,000
PC Privacy Filter Screen	\$125	7	\$875
Reception Area Seating with arms	\$75	22	\$1,650
Reception Area Seating without arms	\$200	3	\$600
Reception Desk Chairs	\$300	2	\$600
Security System with video surveillance	\$30,000	1	\$30,000
Staff microwave	\$300	1	\$300
Staff refrigerator	\$600	1	\$600
Tables (Waiting area)	\$600	3	\$1,800
Wall Art	\$600	20	\$12,000
Waste Receptacles (1 reception area, 3 cubicle area, 4 Office Desk areas, 9 exam rooms, 2 waiting room areas)	\$30	19	\$570
Start-up stock general supplies	\$20,000	1	\$20,000
Unanticipated General Equipment/Furniture	\$150,000	1	\$150,000
<b>TOTAL:</b>	<b>\$298,980</b>		<b>\$349,570</b>

**Table 18. Sliding Fee Scale – 101% to 250% of Poverty Annual Gross Family Income**

N. C. Division of Public Health

Women's and Children's Health Section

Effective 7/2007

Family Size	Federal Poverty	Twenty Percent Pay		Forty Percent Pay		Sixty Percent Pay		Eighty Percent Pay		Full Pay	
		From	To	From	To	From	To	From	To		
1	\$10,210	\$10,211	\$14,039	\$14,040	\$17,868	\$17,869	<b>\$18,889</b>	\$21,696	\$21,697	\$25,524	\$25,525
2	\$13,690	\$13,691	\$18,824	\$18,825	\$23,958	\$23,959	<b>\$25,327</b>	\$29,091	\$29,092	\$34,224	\$34,225
3	\$17,170	\$17,171	\$23,609	\$23,610	\$30,048	\$30,049	<b>\$31,765</b>	\$36,486	\$36,487	\$42,924	\$42,925
4	\$20,650	\$20,651	\$28,394	\$28,395	\$36,138	\$36,139	<b>\$38,203</b>	\$43,881	\$43,882	\$51,624	\$51,625
5	\$24,130	\$24,131	\$33,179	\$33,180	\$42,228	\$42,229	<b>\$44,641</b>	\$51,276	\$51,277	\$60,324	\$60,325
6	\$27,610	\$27,611	\$37,964	\$37,965	\$48,318	\$48,319	<b>\$51,079</b>	\$58,671	\$58,672	\$69,024	\$69,025
7	\$31,090	\$31,091	\$42,749	\$42,750	\$54,408	\$54,409	<b>\$57,517</b>	\$66,066	\$66,067	\$77,724	\$77,725
8	\$34,570	\$34,571	\$47,534	\$47,535	\$60,498	\$60,499	<b>\$63,955</b>	\$73,461	\$73,462	\$86,424	\$86,425
9	\$38,050	\$38,051	\$52,319	\$52,320	\$66,588	\$66,589	<b>\$70,393</b>	\$80,856	\$80,857	\$95,124	\$95,125
10	\$41,530	\$41,531	\$57,104	\$57,105	\$72,678	\$72,679	<b>\$76,831</b>	\$88,251	\$88,252	\$103,824	\$103,825
11	\$45,010	\$45,011	\$61,889	\$61,890	\$78,768	\$78,769	<b>\$83,269</b>	\$95,646	\$95,647	\$112,524	\$112,525
12	\$48,490	\$48,491	\$66,674	\$66,675	\$84,858	\$84,859	<b>\$89,707</b>	\$103,041	\$103,042	\$121,224	\$121,225

*\* at or below 185% of federal poverty level*